

PATIENT REGISTRATION

**The Pain Treatment Center of Greater Washington
Justin H. Wasserman, MD
8218 Wisconsin Ave. #107 Bethesda, MD 20814
301-263-8000 Office 301-652-2825 Fax**

PATIENT LAST NAME _____ FIRST NAME _____ M.I. _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ SEX _____ DATE OF BIRTH _____

EMPLOYED (CHECK ONE) () EMPLOYED () PART TIME STUDENT () FULL TIME STUDENT () UNEMPLOYED () RETIRED

EMPLOYER _____ HOME PHONE _____ WORK PHONE _____

EMPLOYER ADDRESS _____

SOCIAL SECURITY NO. _____ MARITAL STATUS () SINGLE () MARRIED () OTHER

REFERRING DOCTOR _____ EMERGENCY CONTACT _____

INSURANCE INFORMATION – PRIMARY

INSURED PARTY NAME _____ RELATIONSHIP TO INJURED _____

INSURANCE NAME _____ ID# _____ GROUP _____

INSURANCE ADDRESS _____

POLICY DATES FROM _____ TO _____ PHONE NO. _____ EMPLOYER PLAN () YES () NO

SPOUSE NAME _____ SPOUSE D.O.B. _____ S.S.N. _____

REASON FOR TODAY'S VISIT _____

WERE YOU HURT AT WORK? _____ DATE OF INJURY _____ HAVE YOU FILED A CLAIM? _____

WERE YOU IN AN AUTO ACCIDENT? _____ DATE OF INJURY _____ HAVE YOU FILED A CLAIM? _____

Patient's Signature

Date

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**Use and Disclosure of Protected Health Information
Patient Acknowledgement & Consent Form**

Acknowledgement of Notification

The educational pamphlet entitled "Notice of Privacy Practices" provides information about how The Pain Treatment Center of Greater Washington may use and disclose protected health information about you, and is compliant with the requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPPA).

Our **Notice of Privacy Practices** states that we reserve the right to change the terms described. Should this happen, you will be notified on your next visit to our office.

You have the right to request restrictions on how your protected health information may be used or disclosed for treatment, payment, of health care operations. We are not required to agree to your restrictions; but if we do, we are bound by our agreement with you.

By signing below, you acknowledge receipt of our **Notice of Privacy Practices**.

Patient's Signature

Date

Consent for Use and Disclosure Information

By signing below, you consent to our use and disclosure of protected health information about you for treatment, payment, and health care operations. You have the right to revoke this consent, in writing, except where we have already made disclosures in trust on your prior consent.

I request that payment of authorized Medicare/Insurance carrier benefits be made on my behalf to **The Pain Treatment Center of Greater Washington** for any services furnished to me by that physician or supplier. I authorize any holder of medical information about me to release to the Centers for Medicare/Medicaid Services and its agents and/or any other Insurance Carriers for which I have coverage, any information needed to determine these benefits or the benefits payable for related services. I agree to provide all referral and treatment plan(s) as required by my insurance carrier(s). All co-pays must be paid at the time of service in accordance with the contracted Insurance Carrier agreements.

Patient's Signature

Date

Print Full Name

FOR MORE INFORMATION OR TO REPORT A PROBLEM: If you have questions or would like additional information, please contact the HIPPA Policy Officer for this practice. If you believe your privacy rights have been violated, you may file a written complaint with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

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BILLING INFORMATION

I only see one patient at a time, usually for a full hour or half-hour. **Your appointment time is reserved exclusively for you.** If you do not show up for an appointment, I cannot see someone else. In the event that you cancel your appointment without providing at least 24 hours advance notice, another patient cannot be scheduled to replace your appointment time. You may call and leave a message on my voice mail service at any time when you realize that you will not be able to make your scheduled appointment.

“No shows” or appointments cancelled with less than 24 hours advanced notice may result in a CANCELLATION CHARGE of \$100 per appointment. Future appointments will not be made until the Cancellation Charge has been paid in full.

I do not participate with any insurance plans*. Benefit information, referrals, and pre-authorizations as stated in your insurance policy are the responsibility of the patient. For auto accidents or claims involving litigation, **payment in full** is required at the time of each visit.

*I participate with many Workers' Compensation Plans.

I am a non-participating provider with Medicare Part B. If Medicare is your **primary** insurer, you will be covered under medicare rules and regulations along with your secondary insurer. If Medicare is your **only** insurance, **you** will be responsible for the allowable balance beyond what Medicare pays for.

If Medicare is your **secondary insurance**, you will be charged according to medicare rules and regulations.

If requested, our office will provide you with a receipt that you can submit to any outside payer you may have.

Payment for all physician fees is collected at the time of the visit with Dr. Wasserman.

We will do our best to provide you with caring and comprehensive treatment at reasonable cost.

I have read the above and understand my financial obligation.

Patient Signature

Date

Witness

Date

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AUTHORIZATION FOR RELEASE OF INFORMATION

Patient's Name Date of Birth Date

A. I, _____ hereby authorize The Pain Treatment Center of Greater Washington to furnish information in its possession relative to my diagnosis, treatment or account status to other treating physicians, other treating healthcare providers and healthcare institutions who I specify, and to my insurance carrier(s) and their agents.

B. Further, I understand my mental health/psychological information cannot be disclosed without my specific authorization.

I, _____ do / do not (circle only one) authorize The Pain Treatment Center of Greater Washington to disclose mental health/psychological information in its possession relative to my diagnosis and treatment to other treating physicians, other treating healthcare providers and healthcare institutions who I specify, and to my insurance carrier(s) and their agents.

The unauthorized disclosure of mental health information violates the provisions of the State of Maryland Health General Article Subtitle 3 – Confidentiality of Client Records. Disclosure may only be made pursuant to valid authorization by the client or as approved by the Laws and Regulations of the State.

C. I understand if I refuse to sign this consent, the information will not be released. In addition, I am aware any and all consent may be revoked by me when the revocation is submitted in writing. Any such revocation shall have no effect on disclosures made prior to the date the revocation is received. The consent is valid for ninety (90) days from the date signed, except that copies of ongoing medical care records may be released to my named physician(s) unless consent is withdrawn in writing.

Signature Date Relationship
(Patient/Client, Legal Guardian)

Witness Date
The witness must be able to confirm the identity of the person in order to authorize the disclosure of information.

RECORDS TO BE SENT TO:

Name _____ Name _____
Address _____ Address _____
Phone No. _____ Phone No. _____
Fax No. _____ Fax No. _____

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CONSENT FOR OUTPATIENT MEDICAL CARE

Patient's Name Social Security No. Date

1. I consent to the administration upon me of such routine care, medication, and treatments, including diagnostic procedures, as may be considered necessary or advisable. Treatment and procedures will be performed only after they are described and discussed with me.
2. I understand that the practice of medicine is not an exact science and I acknowledge that no guarantees have been made to me as to the result of treatment received at The Pain Treatment Center of Greater Washington.
3. I understand that the treatment of all medical disorders using any technique(s), by its very nature, involves certain inherent and unavoidable risks, including medication side effects, and that the only alternative to entirely avoiding these risks would be to forgo any treatment of the medical disorder altogether. I therefore acknowledge that side effects of any medical treatment, including even the rare events of bodily injury and death, are an inherent risk whenever any medical treatment is administered, and I accept that risk.
4. I release The Pain Treatment Center of Greater Washington from any responsibilities for valuables, money, and/or any other personal possessions, whether lost or stolen, while on the Center's premises.

Signature Date Relationship
(Patient / Client, Legal Guardian)

Witness Date

The Health Insurance Portability and Accountability Act (HIPAA) of 1996, includes important new, but limited, protections for millions of working Americans and their families. HIPAA may:

- Increase your capability to get health coverage for yourself and your dependents if you start a new job;
- Lower your chance of losing existing health care coverage, whether you have that coverage through a job, or through individual health insurance;
- Help you maintain continuous health coverage for yourself and your dependents when you change jobs; and
- Help you buy health insurance coverage on your own if you lose coverage under an employer's group health plan and have no other health coverage available.

Among its specific protections, HIPAA:

- Limits the use of pre-existing condition exclusions;
- Prohibits group health plans from discriminating by denying you coverage or charging you extra for coverage based on your or your family member's past or present poor health;
- Guarantees certain small employers, and certain individuals who lose job-related coverage, the right to purchase health insurance;
- Guarantees, in most cases, that employers or individuals who purchase health insurance can renew the coverage regardless of any health conditions of individuals covered under the insurance policy.

In summary, HIPAA may lower your chance of losing existing coverage, ease your ability to switch health plans and/or help you buy coverage on your own if you lose your employer's plan and have no other coverage available.

HEALTH PRIVACY CHECKLIST FOR CONSUMERS

- Learn about the privacy protections in your state
Review the reports and articles available through the Health Privacy Project (<http://www.healthprivacy.org/resources>), especially "The State of Health Privacy: An Uneven Terrain (A Comprehensive Survey of State Health Privacy Statutes)". Look up your state and see what rights and protections you have. New Federal regulations were finalized in December 2000 but health care organizations are not required to comply until 2003. Under the proposed regulation, stronger state laws will continue to stand.
- Request a copy of your medical record
Currently, 28 states give individuals a legal right to inspect and copy their medical records. Even if your state does not provide such a legal right, you may be able to inspect and copy your record upon request.
- Request a copy of your file from the Medical Information Bureau
The Medical Information Bureau (MIB) is a membership association of more than 600 insurance companies. When applying for insurance, you may be authorizing the insurance company to check your records with MIB to verify that the information you have provided is accurate. MIB does not have a file on everyone. MIB reports are usually compiled on those with serious medical conditions or other factors that might affect longevity, such as affinity for dangerous sport. If MIB has a file on an individual, that person has a right to see and correct the file. MIB, Inc., P.O. Box 105, Essex Station, Boston, MA 02112 Tel: (617)426-3660, Fax: (781)461-2453, www.mib.com
- Talk About Confidentiality Concerns with your Doctor
Your health care provider should be able to help you understand the uses of your health information and should be able to offer certain assurances of confidentiality. For example, some providers may keep treatment notes separate from the general medical chart to help ensure that the most sensitive information remains confidential. Your provider should also be able to help you understand the current limits of health information confidentiality, such as what kinds of information he or she is required to provide for insurance or public health purposes.
- Read authorization forms before signing and edit them to limit the sharing of information
Before you sign any forms find out to whom you are authorizing the release of your medical records and for what purposes. You may be able to limit distribution and restrict secondary disclosures of the information by revising the authorization form. Be sure to initial and date your revisions.
- Register objections to disclosures that you consider inappropriate
Registering objections may not result in immediate change, but sharing your concerns will help to educate your providers, plans, and others seeking health information. These entities should be aware that the lack of privacy affects how you seek and receive your health care. If you feel that your rights have been violated, contact your state insurance commissioner's office to see what remedies are available.
- Be cautious when providing personal medical information for "surveys", health screenings, and health-related websites
Ask how the information will be used and who will have access to it. Read any posted privacy policies, and know your choices.

HIPAA Law and Its Effect on the Patient



The Health Insurance Portability and Accountability Act (HIPAA) was passed into law in 1996. The law intends to:

- (1) Guarantee health insurance coverage.
- (2) Curtail fraud and abuse in health insurance and the delivery of healthcare.
- (3) Simplify the administration of health insurance.

This brochure provides an overview of the law and your rights as a patient.

Provided Compliments of:

Dr. _____

Understanding Your Health Record/Information

Every time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. This record typically contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- basis for planning your care and treatment
 - means of communication among the many health professionals who contribute to your care
 - legal document describing the care you received
 - means by which you or a third-party payer can verify that services billed were actually provided
 - a tool in educating health professionals
 - a source of data for medical research
 - a source of information for public health officials charged with improving the health of the nation
 - a source of data for facility planning and marketing
 - a tool with which we can assess and continually work to improve the care we render and the outcomes we achieve
- Understanding what is in your record and how your health information is used helps you to:
- ensure its accuracy
 - better understand who, what, when, where, and why others may access your health information
 - make more informed decisions when authorizing disclosure to others

Your Health Information Rights

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have the right to:

- request a restriction on certain uses and disclosures of your information
- Receive a paper copy of the notice of privacy practices within your doctor's office
- inspect and obtain a copy of your health record
- amend your health record
- obtain an accounting of disclosures of your health information
- request communications of your health information by alternative means or at alternative locations
- revoke your authorization to use or disclose health information except to the extent that action has already been taken

HIPAA MYTHS

Although HIPAA helps protect you and your family in many ways, you should understand what it does NOT do.

- HIPAA does NOT require employers to offer or pay for health coverage for employees or family coverage for their spouses and dependents;
- HIPAA does NOT guarantee health coverage for all workers;
- HIPAA does NOT control the amount an insurer may charge for coverage;
- HIPAA does NOT require group health plans to offer specific benefits;
- HIPAA does NOT permit people to keep the same health coverage they had in their old job when they move to a new job;
- HIPAA does NOT eliminate all use of pre-existing condition exclusions; and
- HIPAA does NOT replace the State as the primary regulator of health insurance.

Here are several important things to remember when you lose or change your health Coverage:

- Do ask for a certificate of creditable coverage when leaving a job or changing health coverage
- Do consider accepting COBRA coverage
- Don't allow a break in health coverage of 63 or more full days in a row
- Do be cautious when converting from a group health plan to individual coverage
- Do shop around for new health coverage



HELPFUL PATIENT REFERENCES

To help you educate yourself about medical privacy issues, we have provided the following list of informative publications and Web sites.

<http://www.hcfa.gov/medicaid/hipaa/>