

PATIENT INFORMATION PROFILE

Patient Name: _____ D.O.B _____ Age: _____

Purpose of Consultation _____

How were you referred to us? _____

Email: _____ May we contact you by email: _____

SS#: _____ Marital Status _____

Address: _____ City/Zip: _____

Home Phone#: _____ Cell Phone#: _____

Employer: _____ Address: _____

Occupation: _____ Work Phone: _____

Spouse's Name: _____ Occupation: _____

Employer: _____ Work Phone#: _____

If Minor: Who is financially responsible for this bill?

Father _____ Work Phone# _____

Mother _____ Work Phone# _____

Emergency Contact: _____ Phone: _____

(Not living with you)

BRIEF MEDICAL HISTORY:

Family Physician: _____ Phone: _____

Drug allergies: _____

Previous surgeries _____

Have you ever had cosmetic surgery? _____ If so, When? _____

Procedure(s) _____

Doctor: _____

Current Medications (prescriptions/over the counter): _____

Hobbies and Interests: _____

I have read all the information on this form and have completed all the above information. I certify this information is correct to the best of my knowledge. I will notify you of any changes in my health status or the above information.

Signature: _____ Date: _____

PHOTOGRAPHIC CONSENT & USAGE

Patient: _____

Date: _____

1. I hereby authorize Eric S. Schaffer, M.D. or any such photographers and technicians as he may engage for this purpose to take such photographs of me as they may desire before, during, and after surgery which is to be performed upon me. And to permit such photographs or x-ray films to be published and republished in professional journals, medical books, or internet or to be used for any other purpose which he may deem fit in the interest of medical education, knowledge, or research.

2. Authority is further given to permit the publication of information relating to my case, either separately or in connection with the publication of the photographs taken of me.

3. Although I give my permission to publish all details and photographs concerning my case, it is specifically understood that I will not be identified by name.

4. I consent to the use of any record, illustration, photograph or other imaging record created in the case for use in any examination, credentialing, certifying or recertifying purposes by the American Board of Surgery, American Board of Plastic Surgery, or any other certifying or credentialing professional medical agency.

Signed: _____

Parent or Guardian: _____

Witness: _____

ERIC S. SCHAFFER, M.D.

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY

Eric S. Schaffer, M.D. uses health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive. Your health information is contained in a medical record that is the physical property of **Eric S. Schaffer, M.D.**

How Eric S. Schaffer, M.D. May Use or Disclose Your Health Information

For Treatment. **Eric S. Schaffer, M.D.** may use your health information to provide you with medical treatment or services. For example, information obtained by a health care provider, such as a physician, nurse or other person providing health services to you, will record information in your record that is related to your treatment. This information is necessary for health care providers to determine what treatment you should receive. Health care providers will also record actions taken by them in the course of treatment and note how you respond to the actions. **Eric S. Schaffer, M.D.** may use your health information when referring you to other health care professionals and facilities.

For Payment. **Eric S. Schaffer, M.D.** may use and disclose your health information to others for purposes of receiving payment for treatment and services that you receive. For example, a bill may be sent to you or a third-party payor, such as an insurance company, health plan, credit card/bank or financing company or credit agency. The information on the bill may contain information that identifies you, your diagnosis, and treatment or supplies used in the course of treatment. **Eric S. Schaffer, M.D.** may use your information to contact you about account balances. **Eric S. Schaffer, M.D.** may use your information to access financial assistance programs for you that may help to defray the costs associated with your care or treatment.

For Health Care Operations. **Eric S. Schaffer, M.D.** may use and disclose health information about you for operational purposes. For example, your health information may be disclosed to members of the medical staff, risk or quality improvement personnel, and others to:

- Evaluate the performance of our staff;
- Assess the quality of care and outcomes in your cases and similar cases;
- Learn how to improve our facilities and services; and
- Determine how to continually improve the quality and effectiveness of the health care we provide.

Required by law. **Eric S. Schaffer, M.D.** may use and disclose information about you as required by law. For example, **Eric S. Schaffer, M.D.** may disclose information for the following purposes:

- For judicial and administrative proceedings pursuant to legal authority;
- To report information related to victims of abuse, neglect or domestic violence; and
- To assist law enforcement officials in their law enforcement duties;

Appointment Reminders and Treatment Calls. **Eric S. Schaffer, M.D.** may contact you to provide appointment reminders or information about treatment plans, medication or test results, other health-related benefits and services that may be of interest to you. When contacts are made via telephone, messages will be left on answering machines with limited information.

Notification. **Eric S. Schaffer, M.D.** may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

Communication with family. **Eric S. Schaffer, M.D.**'s health professionals and staff, exercising their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Business Associates. In some cases, **Eric S. Schaffer, M.D.** contracts with business associates to provide services on its behalf. An example includes arrangements with business associates **Eric S. Schaffer, M.D.** to provide collection services. **Eric S. Schaffer, M.D.** may disclose your health information to such a business associate so that they can perform their respective job functions. To protect your health information, however, **Eric S. Schaffer, M.D.** requires the business to safeguard your information.

Public Health. Your health information may be used or disclosed for public health activities such as assisting public health authorities or other legal authorities to prevent or control disease, injury, or disability, or for other health oversight activities.

Decedents. Health Information may be disclosed to funeral directors or coroners to enable them to carry out their lawful duties.

Organ/Tissue Donation. Your health information may be used or disclosed for organ or tissue donation purposes.

Health and Safety. Your health information may be disclosed to avert a serious threat to the health or safety of you or any other person pursuant to applicable law.

Food and Drug Administration (FDA). **Eric S. Schaffer, M.D.** may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Government Functions. Specialized government functions such as protection of public officials or reporting to various branches of the armed services that may require use or disclosure of your health information.

Workers Compensation. Your health information may be used or disclosed in order to comply with laws and regulations related to Workers Compensation.

Other uses. Other uses and disclosures will be made only with your written authorization and you may revoke the authorization except to the extent **Eric S. Schaffer, M.D.** has taken action in reliance on such.

Your Health Information Rights

You have the right to:

- Request a restriction on certain uses and disclosures of your information; however, Eric S. Schaffer, M.D. is not required to agree to a requested restriction;
- Obtain a paper copy of the notice of information practices upon request;
- Inspect and obtain a copy of your health record;
- Request that your health record be amended;
- Request communications of your health information by alternative means or at alternative locations; and
- Receive an accounting of disclosures made of your health information.

Complaints

You may complain to Eric S. Schaffer, M.D. and to the Department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against for filing a complaint.

Obligations of Eric S. Schaffer, M.D.

Eric S. Schaffer, M.D. is required to:

- Maintain the privacy of protected health information
- Provide you with this notice of its legal duties and privacy practices with respect to your health information;
- Abide by the terms of this notice;
- Notify you if we are unable to agree to a requested restriction on how your information is used or disclosed;
- Accommodate reasonable requests you may make to communicate health information by alternative means or at alternative locations.

Eric S. Schaffer, M.D. reserves the right to change its information practices and to make the new provisions effective for all protected health information it maintains. Revised notices will be made available to you upon your request at your next visit to our practice.

Contact Information

If you have any questions or complaints, please contact:

Eric S. Schaffer, M.D.
1303 McCullough, Suite 363
San Antonio, Texas 78212
(210) 227-3223

Effective: **January 1, 2011**

Patient Name _____ Date _____

Patient signature _____ Witness _____