Jonas Leibowitz, M.D.

Endocrinology, Diabetes and Osteoporosis Consultants llp

REGISTRATIONFORM

PATIENTINFORMATION

Patient's last name: First:	Middle:	Marital status:

Is this your legal name? ○ Yes ○ No	If not, what is your legal name?	Primary Care Doctor:	Birth date:	Age:	Sex: ○ M ○ F

Address:

Social Security no.:	Home phone no.:	Cell phone no.:
Primary Care Doctor:	Referring Doctor:	**Email address:**

INSURANCE INFORMATION

(Please give your insurance card to the receptionist.)

Person responsible for bill:	**Birth Date:**	Address (if different):	Home phone no.:
Is this person a patient here?	○ Yes ○ No	Is this patient covered by insurance?	○ Yes ○ No
Occupation:	Employer:		

Please indicate primary insurance:

Subscriber's name:	Subscriber's S.S. no.:	**Birth date:**	Group no.:	Policy no.:	Co-payment:

Patient's relationship to subscriber:

Name of **secondary insurance** (if applicable):	Subscriber's name:	Group no.:	Policy no.:

Patient's relationship to subscriber:

IN CASE OF EMERGENCY

Name of local friend or relative (not living at same address):	Relationship to patient:	Home phone no.:	Work phone no.:

The above information is true to the best of my knowledge. I authorize my insurance benefits be paid directly to the physician. I understand that I am financially responsible for any balance. I also authorize Endocrinology, Diabetes and Osteoporosis Consultants, llp or insurance company to release any information required to process my claims.

Patient/Guardian Signature **Date**

HIPPAAPRIVACY NOTICE

JONAS LEIBOWITZ, M.D. 770B MCLEAN AVE YONKERS NY 10704

In accordance with the Health Insurance Portability and Accountability Act of 1996, patients of this practice are entitled to the greatest degree of privacy possible. This office will strive to ensure that patient information is used only for authorized purposes as agreed to by the patient. Patients are advised that they have a right to review their medical files upon reasonable notice to the practice and during normal business hours and to make comments to the same.

Patient Consent for Use and Disclosure of Protected health Information
Jonas Leibowitz, M.D.

In connection with the medical services that I am receiving from the above named physician, I hereby authorize the above named physician to disclose any/or all information concerning my medical condition and treatment, including copies of applicable hospital and medical records, to:

- Any third party covering the medical services of the patient
- Other health care professionals and institutions involved in the delivery of health care to the patient
- The proponent of any legally sufficient subpoena, or in response to a court order
- Employees and agents of the practice, to the degree necessary to facilitate the provision of health care services and payment for such services
- Pharmacies
- Other parties as otherwise required by law

In each case, the practice shall take reasonable steps to ensure that only the minimum necessary information is disclosed in accordance with the above. I further understand that I have been given access to the physician's privacy notice. If I wish to place special restrictions upon the consent I will submit them in writing.

The consent is valid from the date executed until revoked in writing by the patient.

_____ _____

Signature of Patient, Parent or Legal Guardian Date

_____

Name of Patient (please print)

Endocrinology Diabetes and Osteoporosis Consultants IIP offers secure viewing and communication as a service to patients who wish to view parts of their records and communicate with our staff and physicians. Secure messaging can be a valuable communications tool, but has certain risks. In order to manage these, risks, we need to impose some conditions of participation. This form is intended to show that you have been informed of these risks and the conditions of participation, and that you accept the risks and agree to the conditions of participation.

How the Secure Patient Portal Works a secure web portal is a kind of webpage that uses encryption to keep unauthorized persons from reading communications, information, or attachments. Secure messages and information can only be read by someone who knows the right password or pass-phrase to log in to the portal site. Because the connection channel between your computer and the Website uses secure sockets layer technology you can read or view information on your computer, but it is still encrypted in transmission between the Website and your computer.

Protecting Your Private Health Information and Risks this method of communication and viewing prevents unauthorized parties from being able to access or read messages while they are in transmission. No transmission system is perfect and we will do our best to maintain electronic security. However, keeping messages secure depends on two additional factors: the secure message must reach the correct email address, and only the correct individual (or someone authorized by that individual) must be able to get access to it.

Only you can make sure these two factors are present. We need you to make sure we have your correct email address and are informed if it ever changes. You also need to keep track of who has access to your email account so that only you, or someone you authorize, can see that message you receive from us.

If you pick up secure messages from a web site, you need to keep unauthorized individuals from learning your password. If you think someone learned your, you should promptly go to the web site and change it.

Patient Acknowledgement and Agreement I acknowledge that I have read and fully understand this consent form and the Policies and Procedures Regarding the Patient Portal that appears at log in. I understand the risks associated with online communications between my physician and me, and consent to the conditions outlined herein. In addition, I agree to follow the instructions set forth herein and including the policies and procedures as set forth in the log in screen, as well as any instructions that my physician may impose to communicate with patient via online communications. All of my questions have been answered and I understand and concur with the information provided in the answers.

Sign and Date: .....