ERIC TABAS, M.D.

A MEDICAL CORPORATION
OBSTETRICS AND GYNECOLOGY

Welcome to our office! We are committed to providing the best care possible. We encourage you to ask questions and communicate openly with us. Please assist us by providing the following information. All information is confidential and is only released with your consent.

PATIENT REGISTRATION FORM

NAME:	AKA:	DOB:	AGE:
ADDRESS:			
Street	*City/State*	*Zip*	
SOCIAL SECURITY NO.:	MARITAL STATUS ☐Single ☐ Married ☐ Widowed ☐ Divorced	PRIMARY LANGUAGE:	
ETHNICITY:	RACE:	RELIGION:	
PHONE NO.:			
Home	*Work*	*Cell*	
NO. TO LEAVE PERSONAL MEESAGE:	EMAIL:		
COMMUNICATION PREFERENCE:	DRIVER'S LICENCE/ID #:		

If you prefer email you will need to sign up with www.patientally.com

PREFERRED PHARMACY	EMERGENCY CONTACTS
PHARMACY NAME:	CONTACT NAME:
PHARMACY ADDRESS:	CONTACT PHONE NO.:
PHARMACY TELEPHONE NUMBER:	RELATIONSHIP:
EMPLOYER:	OCCUPATION:
EMPLOYER ADDRESS:	
REFERRING PHYSICAN:	PCP:

Insurance Card(s) copied? YES ☐ NO ☐ Photo I.D. uploaded? YES ☐ NO ☐

Our office will bill your insurance. You are responsible for the deductible, share of cost, co-payment at time of visit, and any costs not a benefit of your plan. If you do not have insurance we would appreciate payment at the time of your visit.
Our staff is available if you have any questions. I authorize payment of medical benefits be made directly to the physician provider for services rendered. I authorize my doctor to release any medical or other information necessary to the party who accepts assignment. I authorize use of information from to bill my insurance companies.

DATE PRINT NAME PATIENT SIGNATURE

PATIENT CONSENT FORM

The Department of Health and Human Services has established a "Privacy Rule" to help insure that personal health care information is protected for privacy. The Privacy Rule was also created in order to provide a standard for certain health care providers to obtain their patients' consent for uses and disclosures of health information about the patient to carry out treatment, payment, or health care operations.

As our patient we want you to know that we respect the privacy of your personal medical records and will do all we can to secure and protect that privacy. We strive to always take reasonable precautions to protect your privacy. When it is appropriate and necessary, we provide the minimum necessary information to only those we feel are in need of your health care information and information about treatment, payment or health care operations, in order to provide health care that is in your best interest.

We also want you to know that we support your full access to your personal medical records. We may have indirect treatment relationships with you (such as laboratories that only interact with physicians and not patients), and may have to disclose personal health information for purposes of treatment, payment, or health care operations. These entities are most often not required to obtain patient consent.

You may refuse to consent to the use or disclosure of your personal health information, but this must be in writing. Under this law, we have the right to refuse to treat you should you choose to refuse to disclose your Personal Health Information (PHI). If you choose to give consent in this document, at some future time you may request to refuse all or part of your PHI. You may not revoke actions that have already been taken which relied on this or a previously signed consent.

If you have any objections to this form, please ask to speak with our HIPAA Compliance Officer.

You have the right to review our privacy notice, to request restrictions and revoke consent in writing after you have reviewed our privacy notice.

Print Name:_________________________ Signature_____________________Date______

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COMPLIANCE ASSURANCE NOTIFICATION FOR OUR PATIENTS

To Our Valued Patients:

The misuse of Personal Health Information (PHI) has been identified as a national problem causing patients inconvenience, aggravation, and money. We want you to know that all of our employees, managers and doctors continually undergo training so that they may understand and comply with government rules and regulations regarding the Health Insurance Portability and Accountability Act (HIPAA) with particular emphasis on the "Privacy Rule." We strive to achieve the very highest standards of ethics and integrity in performing services for our patients.

It is our policy to properly determine appropriate use of PHI in accordance with the governmental rules, laws and regulations. We want to ensure that our practice never contributes in any way to the growing problem of improper disclosure of PHI. As part of this plan, we have implemented a Compliance Program that we believe will help us prevent any inappropriate use of PHI.

We also know that we are not perfect! Because of this fact, our policy is to listen to our employees and our patients without any thought of penalization if they feel that an event in any way compromises our policy of integrity. More so, we welcome your input regarding any service problem so that we may remedy the situation promptly.

Thank you for being one of our highly valued patients.