



NEW PATIENT REGISTRATION

Consent for treatment- I consent and authorize Driftless Skin Center, PC to examine and provide treatment. I understand that this may include biopsies, lab testing, destructive treatments, or other diagnostic procedures. These services could be billed separately by an outside laboratory and pathology company. I am aware that during treatment, photographs may be taken for clinical and educational purposes. I understand that my provider is available to explain the purpose of treatment and I have the right to refuse the recommended treatment.

____ Patient or Parent/Legal Guardian Initial

AUTHORIZATION TO RECEIVE PRESCRIPTION HISTORY- I authorize Driftless Skin Center, P.C. to electronically retrieve my external prescription history. I understand that Driftless Skin Center P.C. will use my external prescription history to provide me with medical treatment and to improve patient safety and quality of care. I understand that I can revoke my permission at any time in writing.

____ Patient or Parent/Legal Guardian Initial

CONSENT FOR DIGITAL COMMUNICATIONS- I authorize to receive automated calls, prerecorded messages, and/or voice or text message related to my care. I agree to receive text message appointment reminders and clinic-related notifications. I understand and agree that these text messages may contain Protected Health Information. I may revoke this request in writing at any time.

____ Patient or Parent/Legal Guardian Initial

CONSENT FOR PHOTOGRAPHY AND VIDEO/AUDIO RECORDING- I authorize Driftless Skin Center, P.C. to take images for clinical and educational purposes. I understand that my images may include photographs and audio/video recordings and will be used to assist in my care. No audio taping, videotaping or photography is allowed by non-staff members.

____ Patient or Parent/Legal Guardian Initial

BILLING AUTHORIZATION- I authorize Driftless Skin Center, PC to release requested information to my insurance company for collection of payment for services provided.

____ Patient or Parent/Legal Guardian Initial

ASSIGNMENT OF BENEFITS- I request the payment of insurance benefits be made directly to Driftless Skin Center, PC on behalf of any service provided to me. I acknowledge and understand that I am financially responsible for all charges related to the service rendered to myself or my dependent. If, for any reason, my insurer does not pay any portion of the charges, I agree to pay my portion promptly.

____ Patient or Parent/Legal Guardian Initial

Notice of Privacy Practices Acknowledgement- I acknowledge that I have been made aware of the privacy practices at Driftless Skin Center, P.C. I am aware that I can request a paper copy of this policy at any time and that the policy will be posted in the office and on the website. www.driftlessskin.com.

____ Patient or Parent/Legal Guardian Initial

By signing below, I acknowledge that I have read and understand and agree to the terms of this consent form. I have had the opportunity to ask questions, and any questions asked have been satisfactorily answered.

Patient/Legal Guardian Signature _____ Date _____ Relation to patient _____

Medicare Patients ONLY

I request the payment of authorized Medicare benefits be made on my behalf to Driftless Skin Center, PC for any services provided to me by the clinic/provider. I authorize Driftless Skin Center, PC to release any medical information about me to the Centers of Medicare and Medicaid Services and its agents to determine these benefits or the benefits payable for related services.

Medicare patient signature _____ Date _____

Driftless Skin Center, P.C. 1550 University Ave, Ste B. Dubuque, IA 52001
Office- 563-900-8922 Fax- 563-279-0653



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FINANCIAL POLICY

Copays/deductibles- all copays, co-insurance, and deductible amounts and all non-covered charges are the insured/patient's financial responsibility and are due at the time of the service. Failure to produce payment may result in your appointment being rescheduled. Patient is responsible for knowing and understanding their insurance coverage including copays, referral requirement.

Referral requirements- It is the patient's responsibility to obtain a referral from your primary care provider for services when required by insurance. If the referral is not in place for your visit, you will be responsible for all services provided.

In-Network Coverage- for insurance companies that we are contracted with, we will determine your copay due at the time of the visit and bill your insurance for the balance. Depending on whether you have met your deductible and your coverage level, we will bill you for the amount that insurance does not cover.

Out of Network coverage- we are not contracted with some insurance plans. For these plans, your co-pay is still due at the time of service. We will attempt to bill your insurer for the balance. They will reimburse us at an out of network provider rate. You will be responsible for the remaining balance, which may be higher than charges for similar services provided by an in-network provider. You may always request to be a self-pay patient and submit your bill for reimbursement from your insurance company.

Non Covered Services/Cosmetic Procedures- Cosmetic services are not covered by your insurance. Your payment is due at the time service is rendered. Some medical services are also not covered by insurance (treatment of benign lesions for cosmetic purposes for example. It is your responsibility to understand whether any service will be covered by insurance.

Pathology/Lab Services- Driftless Skin Center will use an outside entity for our pathology and laboratory services. If a biopsy is performed be advised that you/your insurer will receive an additional bill. Our outside entities generally participate in the same insurance plans however it is your responsibility to pay for those pathology and laboratory services. If you have questions regarding these bills, please contact the billing number located on the statement you have received.

No show/cancellation policy- We take the time necessary to treat our patients with courtesy and respect and make it a priority to tend to their needs. Your appointment time is blocked for you. Therefore, a no-show fee of \$50.00 will be charged if an appointment is not cancelled/missed or rescheduled within 24 hours. After three consecutive "no shows" the patient may be subject to dismissal from the clinic.

No Surprise Act- prior to receiving treatment, Driftless Skin Center will produce a "Good Faith Estimate" for self-pay patients upon request. Patients must authorize/deny treatment after receiving the estimate from the provider.

Outstanding balances/Collections- Patients in collections or have delinquent payment plans will NOT be allowed to schedule future appointments until the payment plan is current or the collection balance is paid in full.



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Preauthorization Policy- by acknowledging you consent to us keeping a credit/debit/HSA card on file to be used for any unpaid balances. **You also authorize Driftless Skin Center to charge your card for any outstanding balances.** Charges will only be made after the insurance claim is paid by your carrier. You will receive an explanation of benefits from your insurance carrier explaining charges that were authorized to be billed by the carrier. If your balance exceeds \$200.00, we will call you prior to authorizing the card of file. In the case of a credit balance, the money will be directly refunded to the card on file unless you request a check.

I certify that I have read the above information and my questions regarding the policy have been answered. My signature also certifies my understanding and agreement.

Patient Printed Name:	Patient Date of Birth:
Parent/Legal Guardian Printed Name:	Relationship:
Signature	Date:



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Protected Health Information Communication Preferences

I authorize Driftless Skin Center, P.C. to disclose all information regarding my diagnosis, treatment, and billing/claims information to the individuals listed below. This authorization is voluntary, and I understand that I have the right to revoke this authorization by submitting a written request to the Privacy Officer. I understand that the information disclosed under this authorization may be disclosed again by the person or organization in which it was released.

I elect **not to authorize** to any individuals currently.

I elect **to authorize disclosure** to the individuals below:

First & Last Name	Relationship	Phone	Medical	Billing
		()	<input type="checkbox"/>	<input type="checkbox"/>
		()	<input type="checkbox"/>	<input type="checkbox"/>
		()	<input type="checkbox"/>	<input type="checkbox"/>

Communication for benign (non-cancerous) test results	Phone Number
I hereby allow all benign (non-cancerous) test results to be put in a voice message on the phone number listed in box	

I certify that I have read the above information and my questions concerning these policies have been answered. My signature certifies my understanding and agreement with the above information. This consent is valid until revocation in writing, or a new form is completed.

Patient Printed Name:	Patient Date of Birth:
Parent/Legal Guardian Printed Name:	Relationship:
Signature:	Date:

(Authority to act on behalf of patient requires attachment of documentation)



NEW PATIENT REGISTRATION

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 carefully.

Our commitment to your privacy

As your chosen dermatology provider, Driftless Skin Center, P.C. is dedicated to maintaining the privacy of your identifiable protected health information (PHI). In conducting our business, we will create records about you and the service we provide to you. Federal and state laws require us to maintain the confidentiality of your PHI; provide you with this notice of legal duties and privacy practices relating to your PHI; follow the terms of the notice currently in effect. We will not share your PHI beyond what is described in this notice unless you contact us in writing. We will notify you immediately in the event of a breach involving your unsecured PHI.

This notice provides you with the following information:

- How Driftless Skin Center, P.C. may use and disclose your PHI.
- Your rights regarding your identifiable health PHI.
- Our obligations regarding your health information.

The terms of this notice apply to all records containing your PHI created and maintained by Driftless Skin Center, P.C. We reserve the right to review or modify our Notice of Privacy Practices. Our practice will post a copy of the current notice in a conspicuous location within our office as well as on our website www.driftlessskin.com.

USE AND DISCLOSURES WITHOUT AUTHORIZATION REQUIRED

1. **Treatment:** Driftless Skin Center, P.C. will use and disclose your information to individuals within our office to provide, coordinate and manage your care and treatment. This includes communications with other healthcare professionals who may contribute to your care, including pharmacies and other outside entities. For example, your PHI may be provided to another physician for consultation to assist in diagnosis and treatment.
2. **Payment:** Driftless Skin Center, P.C. will use and disclose your PHI to bill and obtain payment for the service and treatment you receive from us. This may include contacting your health insurer to verify that you are eligible to receive benefits, and we may provide your insurer with details about your treatment to determine coverage and payment for your treatment. We may also use and disclose your PHI to obtain payment from a third party who may be responsible for such costs, including, but not limited to, family members. We may also disclose your PHI to other entities to assist in their healthcare operations.
3. **Health Care Operations:** Driftless Skin Center, P.C. may use and disclose your PHI as necessary to operate our practice. These disclosures are necessary for our business activities and to ensure that our patients receive quality care. We may use your PHI to evaluate the quality of care you receive or to conduct cost management and business planning activities.
4. **Appointment Notifications and Other Health Services:** Driftless Skin Center, P.C. may use your PHI to provide appointment reminders and other business activities. If you provide your cell phone number, we may contact you at this number to provide appointment reminders and registration instructions, including account balance information. Patients may have the option to opt out of receiving text messages; this must be done in writing.



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5. **Incidental Uses and Disclosures:** There may be incidental uses and disclosures of your PHI due to permitted uses and disclosures. Such uses and disclosures may occur because they cannot be prevented. Driftless Skin Center, P.C. will make reasonable efforts to limit these incidental uses and disclosures.
6. **Business Partners:** Driftless Skin Center, P.C. may contract with other organizations, known as business partners, to assist in business operations. Your PHI may be shared with them if they have signed an agreement to protect your information in the same way they do in practice.
7. **Required by Law:** Driftless Skin Center, P.C. will use and disclose your PHI when required to do **so by federal, state, or local law.**

USE AND DISCLOSURES IN CERTAIN CIRCUMSTANCES

Below are unique situations in which we may use and disclose your PHI without your written authorization.

1. **Public Health Risks:** Driftless Skin Center, P.C. may disclose your PHI to public health authorities that are authorized by law to collect the following information:
 - Information to prevent or control disease, injury or disability.
 - Report births and deaths.
 - Report on abuse and neglect: children and adults.
 - Notify a person who may be at risk of contracting or spreading a disease.
2. **Health Oversight Activities:** Driftless Skin Center, P.C. may disclose your PHI to a health oversight agency for activities authorized by law. These may include, but are not limited to, investigations, inspections, audits, surveys, licenses, and disciplinary actions; civil, administrative, and criminal procedures or actions; or other actions necessary for the government to monitor government programs, compliance with civil rights laws, and health care systems.
3. **Legal procedures:** Driftless Skin Center, P.C. may use and disclose your PHI in response to a court or administrative order if you are involved in a lawsuit or similar proceeding. We may also disclose your PHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made efforts to inform you of the request or obtain an order protecting the information we disclosed. part has. requesting.
4. **Law Enforcement:** Driftless Skin Center, P.C. may disclose your PHI for law enforcement purposes required by law or in response to a valid subpoena.
5. **Coroners, Funeral Directors, and Organ Donors:** Driftless Skin Center, P.C. may disclose your PHI to a coroner or medical examiner for identification purposes, to determine the cause of death, or to perform other tasks authorized by law. We may also disclose your PHI to a funeral director, as authorized by law, for the director to perform his or her duties. PHI may also be used and disclosed for organ, eye, or tissue donation purposes.
6. **Research:** Driftless Skin Center, P.C. may disclose your PHI to researchers when their research has been approved by a privacy board or institutional review board.



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7. **Health and Safety Threats:** Under certain circumstances, Driftless Skin Center, P.C. may use and disclose your PHI to prevent a serious threat to health and safety, if we in good faith believe that the use and disclosure is necessary to prevent or lessen threats or is necessary for law enforcement authorities to identify and apprehend an individual.
8. **Military and National Security:** Driftless Skin Center, P.C. may disclose your PHI if you are a member of the US or foreign military forces (including veterans) if required to do so by military command authorities. We may also disclose your PHI to federal officials to protect the president, other officials, or foreign heads of state, or to conduct investigations.
9. **Inmates:** Driftless Skin Center, P.C. may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary to:
 - The institution provides health care services.
 - The security and protection of the institution.
 - Protecting your health and safety or the health and safety of others
10. **Workers' Compensation:** Driftless Skin Center, P.C. may disclose your identifiable information to comply with laws relating to workers' compensation or similar programs.

USE AND DISCLOSURE REQUIRING WRITTEN AUTHORIZATION

Driftless Skin Center, P.C. can only disclose the following information with your written authorization:

- *Psychotherapy notes for purposes other than certain treatment, payment, or health care operations.*
- *However, for marketing purposes, if we receive financial remuneration from a third party in connection with marketing, we will convey this in an authorization form.*
- *We will not sell your PHI to third parties without your written authorization. Financial compensation will be listed on the authorization if we are to receive compensation.*
- *Other people involved in your care. A form will be signed that will give specific people the ability to obtain information about your care and treatments.*

Any authorization you provide to us will be effective for the period specified in the authorization, which will not exceed one year unless you revoke the authorization in writing. You may revoke any written authorization at any time and this request must be sent to the Driftless Skin Center, P.C. Privacy Officer. After your authorization is revoked, we will no longer use or disclose your PHI for the reason described in the authorization. The revocation will only apply to future versions and will not apply to actions already taken.



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YOUR RIGHTS REGARDING YOUR PHI

1. **Inspect and Copy:** You, the patient, have the right to inspect and receive a copy of your health information used to make decisions about your care, including billing records maintained by Driftless Skin Center, P.C. To request an inspection or copy of your information, you must submit your request in writing to our Privacy Officer. Our practice may deny your request to inspect and copy in certain limited circumstances, such as when disclosure would endanger your life or physical safety or that of another person, or for information met with reasonable anticipation or use in a civil, criminal, or administrative action or procedure.

If you are denied access, you may have the right to have the decision reviewed. We will provide you with the reason for the denial in writing and, if you are legally able to have the denial reviewed, we will provide you with instructions on how to proceed.

Because we maintain your medical record electronically, you have the right to receive a copy of your medical record in electronic format upon request. Driftless Skin Center, PC may charge you a reasonable fee for copying, mailing, labor, and supplies associated with your request. You may also direct us to transmit your PHI (whether in paper or electronic format) directly to an entity or persons clearly and specifically designated by you in writing.

2. **Restrictions:** You have the right to request a restriction or limitation on the PHI we disclose for treatment, payment, or health care operations. We are not required to agree to your request, except when you request that we not disclose information to your health insurer about services for which you paid in full out-of-pocket. However, if we agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. To request a restriction, you must make your request in writing to our Privacy Officer.

Your request must clearly and concisely describe:

- The information you want to restrict.
 - If you want to limit our use, disclosure, or both.
 - Who do you want the limits to apply to?
3. **Confidential Communications:** You have the right to request that we communicate with you about your health care in a certain way or at a certain location. For example, you can request that we contact you at home, rather than at work. You will be asked to provide us with information about how we can contact you and where we can leave messages. To request more specific or limited confidential communications, you must make this request in writing. We will not ask the reason for the request and will accommodate all reasonable requests.
 4. **Amendments:** You have the right to request an amendment to your health information if you believe it is incorrect or incomplete. This request must be made in writing to the **Privacy Officer, Driftless Skin Center, PC, 1550 University Ave Suite B, Dubuque, IA 52001**. You must provide us with a reason that supports your request for an amendment. We have the right to deny your request if it is not in writing or does not include a reason to support the request. We may also reject your request if the information, in our opinion:
 - The documentation is complete and accurate.
 - It is not part of the identifiable information that you would be permitted to inspect and copy.
 - We do not create the documentation unless the person or entity that created the information can no longer make the modification.



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- 5. Accounting of Disclosures:** You Have the Right request an accounting of certain disclosures of your health information we have made, if applicable. We are required to include the use of your PHI as part of routine care, payment, or healthcare operations in our practice. To obtain an accounting of disclosures, you must submit your request in writing to the Privacy Officer. All requests must express a time which may not be longer than six (6) years from the date of the request. The first list you request within a 12-month period is free, but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of any costs involved and you may withdraw your request before any costs are incurred.
- 6. Right to a Paper Copy of this Notice:** You have the right to receive a paper copy of this notice. You can request a printed copy at any time. This notice is also available on our website www.driftlessskin.com.
- 7. File a Complaint:** If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint and your care will not be compromised.

To file a complaint with Driftless Skin Center, P.C. or if you have questions about this notice, please contact:

Driftless Skin Center, P.C. Privacy Officer
1550 University Ave Suite B
Dubuque, IA 52001
Office: 563-563-900-8922
Fax: 563-279-0653
Email: stephaniem@driftlessskin.com

If you wish to file a complaint with the Secretary of the Department of Health and Human Services, please contact:

U.S. Department of Health and Human Services Office for Civil Rights
200 Independence Ave, SW
Room 509F HHH Building.
Washington, D.C. 20201
1-800-368-1019
www.hhs.gov/ocr/privacy/hipaa/complaints

This notice is effective April 15,2024