

Westerville Dermatology Office Policy

In order to better serve you, please find our policies in writing

- 1. Missed Appointment Policy:** We require 24 hr. notice of a cancellation or there will be a \$25.00 no show fee. If you miss an appointment 3 times without prior notification, you will be dismissed from our practice.
- 2. Prescription Policy:** All prescription refill requests need to be made through your pharmacy. Please call them and ask them to fax us a request at 614-895-2911. Please be aware that this may take up to 48 hrs. so you may want to plan your refills a week in advance. This policy also applies to walk in requests.
- 3. Referral Policy:** If a referral is required by your insurance it is your responsibility to obtain it and make sure it is effective for any upcoming visits. If you do not have a current referral you will be required to sign a responsibility waiver.
- 4. Insurance Policy:** You will need to have your insurance card with you for each visit as we may ask to see it to verify current insurance. Even though we may contract with your insurance, you are responsible for your charges and account.
- 5. Minor Policy:** If the patient is under 18 yrs. old, they must be accompanied by a legal guardian or have the proper consent filled out by a legal guardian present in our office and kept on file.

Patient Consent for Use and Disclosure of Protected Health Information

With my consent, Westerville Dermatology may use and disclose **Protected Health Information (PHI)** about me to carry out **Treatment, Payment and Healthcare Operations (TPO)**. Please ask to see the Notice of Privacy Practices for a more complete description of such uses and disclosures. With my consent, Westerville Dermatology may call or send information as indicated below to carry out TPO, such as appointment reminders, insurance items pertaining to my clinical care, including laboratory results among others.

With my consent Westerville Dermatology may:

- Call me at my home? yes no
- May we leave a message on a machine at home? yes no
- Call me at my work? yes no retired
- May we leave a message on voice mail at work? yes no retired

With my consent Westerville Dermatology may give results of test and/or surgery to family members listed below:

Name:	Relationship:
1. _____	_____
2. _____	_____

By signing this form, I AM CONSENTING to Westerville Dermatology's use and disclosure of my PHI to carry out TPO. and confirming that I have read the office policies.

Print Patient Name: _____ **Date:** _____

Signature of Patient or Legal Guardian: _____

Westerville Dermatology

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**Our office and you in regards to HIPAA
(Health Information Portability and Accountability)**

Due to new Federal regulation known as “HIPAA” we must change and update our filing policy and records. We need and appreciate your patience with this.

Due to this law, you will be asked to fill out new update forms and sign a new consent form and a Privacy Statement. By law, we cannot treat you unless these forms are completed and signed. Likewise without proper consent we would be unable to bill your insurance.

Our patients have always had control about who has access to information contained in their record. This information is referred to as **Protected Health Information (PHI)**, and the disclosure of PHI will be governed by this law.

The new consent form will ask for specific information regarding whom we can speak with about you and your PHI. If you do not fill this in we will not be able to give information to anyone or leave a message with anyone in your family including a spouse.

Please keep in mind that if you do not accept the privacy law we will not be able to file claims with your insurance, call you with appointment reminders or send you statements.

In regards to minors, if you intend to send your child for future treatments without a legal guardian being present, a specific minor consent must be signed by you in our office. This form cannot be sent or faxed to you. It also does not cover surgical procedures. A legal guardian must be present during any surgical procedure.

Our employees have been instructed about these policies and should be able to answer any questions you may have about HIPAA or the forms.

If you would like a copy of this notification, please ask the receptionist.

We appreciate your cooperation.