



NEW PATIENT FORM

- 1) Name of the Patient: _____ Date of Birth: _____ Sex : (M - F)
- 2) Name of the Patient: _____ Date of Birth: _____ Sex : (M - F)
- 3) Name of the Patient: _____ Date of Birth: _____ Sex : (M - F)

PARENT (GUARDIAN) INFORMATION

Mother's First Name: _____ Phone Number: _____

Occupation: _____ Place of work: _____ City: _____

Home Address: _____ City: _____ Zip code: _____

Father's First Name: _____ Phone Number: _____

Occupation: _____ Place of work: _____ City: _____

Home Address: _____ City: _____ Zip code: _____

Parent's Marital Status: _____ Child resides with (circle) : Mother / Father / Both

To receive our email news bulletins please provide your email: _____

Primary Insurance Information

Insurance Company: _____ ID: _____ Group Name: _____

Policy effective date: _____ Copay Amount : _____

Insured's Name: _____ Date of Birth: _____

Relationship to Patient: _____ PLEASE NOTIFY US IF THERE IS A SECONDARY INSURANCE COMPANY

INSURANCE ASSIGNMENT & RELEASE OF INFORMATION

I AUTHORIZE THE RELEASE OF MY CHILD'S ANY MEDICAL INFORMATION NECESSARY TO PROCESS INSURANCE TO PROCESS INSURANCE CLAIMS. I AUTHORIZE THE RELEASE OF PAYMENT OF MEDICAL BENEFITS TO MY CHILD'S PROVIDER. I HAVE RECEIVED NOTICE OF THIS ORGANIZATION'S PRIVACY PRACTICES. I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE FOR ANY DEDUCTIBLE & COINSURANCE FEES, AND CHARGES FOR NON-COVERED SERVICES. UNLESS I AM A MEMBER OF AN INSURANCE ORGANIZATION THAT DR. DEWI SUDJONO-SANTOSO IS A CONTRACTED PROVIDER, ALL CHARGES ARE DUE AT THE TIME THE SERVICES ARE RENDERED.

Name: _____ Date: _____

Signarute: _____ Date: _____

Patient consent form

Dewi Sudjono-Santoso, M.D, F.A.A.P
Patient Consent for Use and Disclosure
of Protected Health Information

I hereby give my consent for **Dewi Sudjono-Santoso, M.D, F.A.A.P** to use and disclose protected health information (PHI) about me to carry out treatment, payment and health care operations (TPO).

(The Notice of Privacy Practices provided by **Dewi Sudjono-Santoso, M.D, F.A.A.P** describes such uses and disclosures more completely.)

I have the right to review the Notice of Privacy Practices prior to signing this consent.

Dewi Sudjono-Santoso, M.D, F.A.A.P reserves the right to revise its Notice of Privacy Practices at any time. A revised Notice of Privacy Practices may be obtained by forwarding a written request to **Dewi Sudjono-Santoso, M.D, F.A.A.P. 339 Princeton-Hightstown, Cranbury NJ 08512.**

With this consent, **Dewi Sudjono-Santoso, M.D, F.A.A.P** may call my home or other alternative location and leave a message on voice mail or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, insurance items and any calls pertaining to my clinical care, including laboratory test results, among others.

With this consent, **Dewi Sudjono-Santoso, M.D, F.A.A.P** may mail to my home or other alternative location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements as long as they are marked "Personal and Confidential."

With this consent, **Dewi Sudjono-Santoso, M.D, F.A.A.P** may e-mail to my home or other alternative location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements. I have the right to request that **Dewi Sudjono-Santoso, M.D, F.A.A.P** restrict how it uses or discloses my PHI to carry out TPO. The practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement.

By signing this form, I am consenting to allow **Dewi Sudjono-Santoso, M.D, F.A.A.P** to use and disclose my PHI to carry out TPO.

I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this consent, or later revoke it, **Dewi Sudjono-Santoso, M.D, F.A.A.P** may decline to provide treatment to me.

Signature of Patient or Legal Guardian

Print Patient's Name

Date

Print Name of Patient or Legal Guardian, if applicable

Notice of Privacy Practices

We care about our patients' privacy and strive to protect the confidentiality of your medical information at this practice. New federal legislation requires that we issue this official notice of our privacy practices. You have the right to the confidentiality of your medical information, and this practice is required by law to maintain the privacy of that information.

This practice is required to abide by the terms of the Notice of Privacy Practices currently in effect, and to provide notice of its legal duties and privacy practices with respect to protected health information. If you have questions about this Notice, please contact the Privacy Officer.

Who Will Follow This Notice: Any health care professional authorized to enter information into your medical record, all employees, staff and other personnel at this practice who may need access to your information must abide by this Notice. All subsidiaries, business associates (e.g. a collection service), sites and locations of this practice may share medical information with each other for treatment, payment purposes or health care operations described in this Notice. Except where treatment is involved, only the minimum necessary information needed to accomplish the task will be shared.

Changes to this Notice: We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for medical information we already have about you as well as information we receive in the future. We will post a copy of the current notice with the effective date on the posted copy.

How We May Use and Disclose Medical Information

About You: Your protected health information may be used and disclosed by your physician, our office staff and others outside of our office who is involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to pay your health care bills and to support the operation of your physician's practice. The following are examples of the types of uses and disclosures of your protected health information that your physician's office is permitted to make. Not all possible uses or disclosures are listed.

Treatment: We may use medical information about you to provide you with medical treatment or services. Example: In treating you for a specific condition, we may need to know if you have allergies that could influence which medications we prescribe for the treatment process.

Payment: We may use or disclose medical information about you so that treatment and services you receive from us may be billed and payment may be collected from billing, collections, claims, management determinations of eligibility and coverage and other utilization review activities. We may need to send your protected health information, such as your name, address, office visit date, and codes identifying your diagnosis and treatment to your insurance company for payment.

Health Care Operations: We may use or disclose your protected health information in order to support the business activities of your physician's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, fundraising activities, and conducting or arranging for other business activities.

Other Uses or Disclosures That Can Be Made Without Your Consent or Authorization:

- As required during an investigation by law enforcement agencies
- To avert a serious threat to public health or safety
- As required by military command authorities for their medical records
- To workers' compensation or similar programs for processing of claims
- In response to a legal proceeding
- To a coroner or medical examiner for identification of a body
- If an inmate to the correctional institution or law enforcement official
- As required by the US Food and Drug Administration (FDA)
- Other healthcare providers treatment activities
- Other covered entities' and providers' payment activities
- Other covered entities' healthcare operations activities (to the extent permitted under HIPAA)
- Uses and disclosures required by law
- Uses and disclosures in domestic violence or neglect situations
- Health oversight activities

benefits and services that may be of interest to you.

Uses and Disclosures of Protected Health Information Requiring your written Authorization: Other uses and disclosures of medical information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you give us authorization to use or disclose medical information about you, you may revoke that authorization in writing at any time. If you revoke your authorization, we will thereafter no longer use or disclose medical information about you for the reasons covered by your written authorization. We are unable to take back any disclosures we have already made with your authorization, and we are required to retain your records of the care we have provided you.

Disclosures and Changes to Your Medical Information: Right to Request Restrictions: You may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or health care operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. Your physician is not required to agree to a restriction that you may request. If your physician does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your physician. You may request a restriction by submitting your request in writing to the Care Center Manager.

Right to an Accounting of Non-Standard Disclosures. This right applies to disclosures for purposes other than treatment, payment or health care operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you if you authorized us to make the disclosure, for a facility directory, to family members or friends involved in your care, or for notification purposes, for national security or intelligence, to law enforcement (as provided in the privacy rule) or correctional facilities, as part of a limited data set disclosure. You have the right to receive specific information regarding these disclosures that occur after April 14, 2003. The right to receive this information is subject to certain exceptions, restrictions and limitations.

Right to Amend. If you feel that the medical information we have about you is incorrect or incomplete, you may ask your physician to amend your protected health information. This means you may request an amendment of protected health information about you in a designated record set for so long as we maintain this information. Your request must be in writing and submitted to the Care Center Manager at this Practice. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. All correspondence will be kept on file and sent out with any future requests for information pertaining to the appropriate portion of your record. Please contact our Privacy Officer if you have questions about amending your medical record.

Your Access to Medical Information Right to Inspect and Copy. This means you may inspect and obtain a copy of protected health information about you for so long as we maintain the protected health information. You may obtain your medical record that contains medical and billing records and any other records that your physician and the practice uses for making decisions about you. As permitted by federal or state law, we may charge you a reasonable copy fee for a copy of your records. Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and laboratory results that are subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. Please contact our Privacy Officer if you have questions about access to your medical record.

Right to a Paper Copy of This Notice. You have the right to a paper copy of our current Notice of Privacy Practices at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy. To obtain a paper copy of the current Notice, please request one in writing from the Privacy Officer or the Care Center Manager.

Right to Request Confidential Communications. You have the right to request how we should send communications to you about medical matters, and where you would like those communications sent. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Officer. We reserve the right to deny a request if it imposes an unreasonable burden on the practice.

Complaints. If you believe that your rights have been violated, you may file a complaint with us by notifying our Privacy Officer of your complaint.

We will not retaliate against you for filing a complaint.

You may contact us at (609) 918-1030 or DewiSantoso1030@gmail.com for further information about the complaint process.