

**SOUTHWEST COSMETIC DERMATOLOGY ASSOCIATES**

4305 South Hulen St.  
Fort Worth, Texas 76109  
(817) 920-9023

*James R. McCarty, M.D.*

*Tara Beeler, PA-C*

Date \_\_\_\_\_

Patient's Legal First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ SS# \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Please circle one:    Minor    Married    Single    Divorced    Widowed    Separated

Guarantor (if patient is a minor) \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Phone \_\_\_\_\_

Primary/Family Physician \_\_\_\_\_ Referring Physician \_\_\_\_\_

**PRIMARY INSURANCE COVERAGE**

Name of Insurance Company \_\_\_\_\_ Name of Primary Insured \_\_\_\_\_

SS # of Primary Insured \_\_\_\_\_ Date of Birth \_\_\_\_\_

**SECONDARY INSURANCE COVERAGE**

Name of Insurance Company \_\_\_\_\_ Name of Primary Insured \_\_\_\_\_

SS # of Primary Insured \_\_\_\_\_ Date of Birth \_\_\_\_\_

Please complete the back of this page

## PATIENT FINANCIAL POLICY AND SIGNATURE ON FILE

Patient's Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Other family members who are patients \_\_\_\_\_

Do you give our office permission to discuss your medical information with family members?      Y      N

If yes, please provide their names and telephone numbers :

Name	Relationship	Phone (day)	(evening)
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Name	Relationship	Phone (day)	(evening)
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May we leave personal medical information on your answering machine at home?      Y      N

May we e-mail personal medical information to you?      Y      N

### RECEIPT OF NOTICE OF PRIVACY PRACTICES

My signature below indicates that I have received and/or reviewed a copy of my physician's Notice of Uses and Disclosures of Protected Medical Information (Notice of Privacy Practices).

Signature of Patient or Responsible Party \_\_\_\_\_ Date \_\_\_\_\_

### PAYMENT POLICY

HMO, PPO, or other managed care patients: You will be responsible for paying your annual deductible, copayment and total charges for any non-covered or cosmetic services. You will be responsible for 50% of the total charges for any procedure performed other than an office evaluation or follow up appointment. We will file a claim with your insurance carrier and apply adjustments to our account according to their guidelines. Commercial patients: Patients who are covered by private, commercial plans with which our physician is not a provider will be required to pay 100% of the total bill at the time of the service. The entire balance, regardless of the benefits and payment policies of your carrier, is your financial responsibility.

Signature of Patient or Responsible Party \_\_\_\_\_ Date \_\_\_\_\_

### MISSED AND CANCELED APPOINTMENTS

As a courtesy, we will attempt to confirm your appointment by telephone the day before, however it is ultimately your responsibility to remember and keep your appointment.

I am aware and understand that Southwest Cosmetic Dermatology Associates may enforce a 24-hour notice requirement for appointment cancellation. I further understand that failure to notify the office at least 24 hours prior to my scheduled appointment with Dr. James R. McCarty or any provider with Southwest Cosmetic Dermatology Associates may result in an assessment of a \$25 fee to my account. This fee is not payable by my insurance.

Signature of Patient or Responsible Party \_\_\_\_\_ Date \_\_\_\_\_

# MEDICAL HISTORY

Today's Date \_\_\_\_\_

Patient's Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

**MEDICATIONS:** Please list ALL medications that you are currently taking, including over the counter, vitamins, and prescriptions:

Name of Medication	Strength	How Often	For What Illness

**ALLERGIES:** Please list any drug allergies or sensitivities:

Name of Medication	Name of Medication

**PERSONAL HISTORY:**

Please check all of the following conditions and illnesses that apply to you.

- |   |   |
|---|---|
| <input type="checkbox"/> Diabetes<br><input type="checkbox"/> Asthma<br><input type="checkbox"/> Bleeds Easily<br><input type="checkbox"/> Psoriasis<br><input type="checkbox"/> Herpes<br><input type="checkbox"/> Recent Weight Loss/Gain<br><input type="checkbox"/> Excessive Scarring/Keloids<br><input type="checkbox"/> Artificial Valves<br><input type="checkbox"/> Joint Replacement<br><input type="checkbox"/> Thyroid Disease<br><input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Lupus<br><input type="checkbox"/> Melanoma<br><input type="checkbox"/> Eczema<br><input type="checkbox"/> Abnormal Moles<br><input type="checkbox"/> Frequent Sun Exposure<br><input type="checkbox"/> Hives<br><input type="checkbox"/> Skin Cancer<br><input type="checkbox"/> Mitral Valve Prolapse<br><input type="checkbox"/> Cancer<br><input type="checkbox"/> Hair Loss <input type="checkbox"/> Progressive <input type="checkbox"/> Recent |
|---|---|

**FAMILY HISTORY:**

Please check all of the following conditions and illnesses that apply to your family members (blood relatives):

- |   |  |
|---|--|
| <input type="checkbox"/> Asthma<br><input type="checkbox"/> Diabetes<br><input type="checkbox"/> Eczema<br><input type="checkbox"/> Acne<br><input type="checkbox"/> Melanoma | <input type="checkbox"/> Abnormal Moles<br><input type="checkbox"/> Skin Cancer<br><input type="checkbox"/> Psoriasis<br><input type="checkbox"/> Rosacea<br><input type="checkbox"/> Hair Loss <input type="checkbox"/> Progressive <input type="checkbox"/> Recent |
|---|--|

## **PRIVACY STATEMENT**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY; HOWEVER, NO ACTION IS REQUIRED ON YOUR PART.**

### **An Important Notice to Our Patients About Privacy**

**Southwest Cosmetic Dermatology** is proud to be a health care entity that provides quality care, products, and services to our patients. Keeping your personal information secure and protecting your privacy rights are important to you – and these issues are among our top priorities.

This notice tells you about the information we receive about our patients and how we share that information with others. It also tells you how we safeguard your personal information and protect your privacy rights.

This notice describes our privacy practices for both current and former patients. Please share this notice with everyone covered by your policy or contract. If you would like additional copies of this notice, please feel free to ask for them..

### **Our Privacy Commitment to You**

**Southwest Cosmetic Dermatology** will safeguard your personal information and protect the privacy rights of our patients in accordance with state and federal laws. We will accomplish this in ways that are reasonable and consistent with sound business practices.

### **Protecting Your Health Information**

We do not share your personal health information except when required for treatment, payment, or to conduct necessary health care operations. In certain circumstances, we may share your personal health information if permitted or required by law or if we receive your written authorization to do so. Such authorization may be withdrawn.

**Southwest Cosmetic Dermatology** is committed to protecting the confidentiality and security of your information. We maintain physical, electronic, and process safeguards that restrict unauthorized access to your personal health information. These security procedures include locked files and information system security measures such as user passwords, data encryption or firewall technology.

**Southwest Cosmetic Dermatology** employees are required to comply with our policies and procedures to protect the confidentiality of your personal health information. Any employee who violates our privacy policy is subject to a disciplinary process. Employee access to private information is limited on a business “need to know” basis such as: to make benefit determinations, pay claims, manage care, underwrite coverage, perform quality assessment measurements, administer or plan, or provide customer service.

### **Information About Our Patients**

**Southwest Cosmetic Dermatology** receives information about you in order to provide patient service, offer new products or services, evaluation of benefits and claims, administer our products, and fulfill other legal and regulatory requirements. We will provide you with access to this information, the option to review certain disclosures, and the ability to review, amend, correct or copy your information, if we are required to do so under state or federal law. The methods we use to protect this information are similar to those described above to protect your health information.

The information we receive may vary by product; therefore, the examples that follow may not apply to all patients but are designed to show the general categories of information that may be received and maintained by **Southwest Cosmetic Dermatology**:

- Information provided by you on applications, forms, surveys, and our web sites, such as your name, address, date of birth, Social Security number, gender, marital status, and dependents.
- Information provided by your employer, benefits plan sponsor, or association regarding any group product you may have.
- Information about your transactions and experiences with our affiliates, others, and us such as: products or services purchased, account balances, payment history, claims history, policy coverage, and premiums.
- Information from consumer or medical reporting agencies, medical providers or other third parties such as credit history, medical information, and demographic information.

### **Information Shared Within Southwest Cosmetic Dermatology**

While understanding the importance of protecting your personal information, certain information will need to be shared during the normal course of business. We may disclose the personal information we receive about you, as described above, to the extent permitted by law, within the practice.

### **Information Shared with Others**

We may disclose the personal information we receive, as described above, to the following types of third parties:

- Other third parties as permitted or required by law such as for compliance with a subpoena, fraud prevention, or inquires from state or federal regulatory agencies.
- Financial service companies with whom we have agreements, such as: banks, insurance companies, securities brokers or dealers, agents, administrators, and service providers, to perform services or functions on our behalf or on behalf of another financial institution and us.

We maintain written contracts with third parties to help ensure that the personal information we share about our patients is used for a legitimate business purpose.

### **Your Privacy Option**

**Southwest Cosmetic Dermatology** values you as a patient and we are committed to bringing you products and services that help you to feel healthier and more secure. Our goal is to always use your information in a responsible manner. However, if you do not want **Southwest Cosmetic Dermatology** to share information with third parties, i.e. your insurance carrier, you may pay for your services, and bill them yourself. This option does not apply to sharing information, including health information that is required for treatment, payment, or health care operations, or that is permitted by state or federal law. If there are state law requirements that prohibit sharing your information without your written permission, **Southwest Cosmetic Dermatology** will comply with those requirements.