

DEGAN J. DANSEREAU, M.D. LLC

3705 Coliseum Street
New Orleans, LA 70115

****PLEASE PRINT LEGIBLY****

Date: _____ Who referred you to Dr. Dansereau? _____

Patient Name: _____
(Last) (First) (Middle)

Address: _____

City: _____ State: _____ Zip: _____

Age: _____ Sex: _____ Social Security # _____

Date of Birth: _____

Home Phone: (_____) _____

Mobile Phone: (_____) _____

Work Phone: (_____) _____ May we call you at work? (Y) (N)

Patient's Employer: _____

Marital Status: (Single) (Married) (Divorced) (Widowed) (Significant other)

Name of person to notify in case of emergency: _____

Relationship to above person: _____

Phone number of above person: (_____) _____

Allergies to Medication: _____

If you have prescription drug coverage please provide your member ID # from your insurance card in case we have to pre-authorize a medication: _____

PLEASE INITIAL THE FOLLOWING:

I verify that the above information is correct and in the event that my personal information changes I will notify the office. _____

I understand that I must cancel all appointments 24 hours in advance or I will incur the regular charge of the missed visit. (Our email to remind you is a courtesy; it is your responsibility to remember your appointment.) _____

I understand that I am responsible to pre-certify with my Insurance Co., if applicable. _____

DEGAN J. DANSEREAU, M.D. LLC

PLEASE CHECK ONLY ONE BOX

CHECK HERE IF YOU WOULD LIKE DEGAN J. DANSEREAU, M.D. LLC TO FILE YOUR CLAIMS WITH YOUR INSURANCE COMPANY ON YOUR BEHALF. I hereby authorize Degan J. Dansereau, M.D. LLC to disclose all or part of my medical records to any insurance carrier or person employed by such carrier for the purpose of collecting insurance benefits so long as I am listed on this account as having coverage with such a carrier. I understand it is my responsibility to notify Degan J. Dansereau, M.D. LLC if my insurance coverage changes. This authorization includes release of information to employers for group insurance coverage, workman's compensation carriers, and welfare agencies, if applicable to my claim for treatment. I hereby indemnify and release Degan J. Dansereau, M.D. LLC from any and all responsibility relative to the release of such information. I understand that I am totally responsible for payment of all fees for services rendered, irrespective of insurance coverage or other responsible parties.

CHECK HERE IF YOU DO NOT WANT DEGAN J. DANSEREAU, M.D. LLC TO FILE ANY CLAIMS WITH YOUR INSURANCE COMPANY ON YOUR BEHALF OR IF YOU HAVE NO MENTAL HEALTH INSURANCE COVERAGE. If you check here, please do NOT provide this office with a copy of your insurance card when asked. I understand that I am totally responsible for payment of all fees for services rendered, irrespective of insurance coverage or other responsible parties.

Patient's Signature

Date

Print Name

Signature of authorized agent if applicable

Degan J. Dansereau, M.D. LLC
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 it carefully.

Degan J. Dansereau, M.D. LLC is required to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have any questions about any part of this notice or if you want more information about the privacy practices of Degan J. Dansereau, M.D. LLC, please contact:

Degan J. Dansereau, M.D.
3705 Coliseum St.
New Orleans, LA 70115

Effective date of this notice: April 14, 2003

I. How Degan J. Dansereau, M.D. LLC May Use or Disclose Your Health Information

Degan J. Dansereau, M.D. LLC collects health information from you and stores it in a chart and on a computer. This is your medical record. The medical record is the property of Degan J. Dansereau, M.D. LLC, but the information in the medical record belongs to you. Degan J. Dansereau, M.D. LLC. protects the privacy of your health information. The law permits Degan J. Dansereau, M.D. LLC to use or disclose your health information for the following purposes:

1. Treatment. Medical information about you may be given to doctors, nurses, technicians and medical personnel who are involved in providing your care.
2. Payment. Medical information about you concerning the treatment and service received will be billed either to the patient or the patient's insurer. Your health plan or third party payer may request information from your medical record to authorize prior approval or certification for service.
3. Regular healthcare care operations. Information about you may be used in order to review treatment and services and in order to evaluate the performance of the staff.
4. Notification and communication with family. We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or in the event of your death. If you are able and available to agree or object, we will give you the opportunity to object prior to making this notification. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.
5. Required by law. As required by law, we may use and disclose your health information.
6. Public health. As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling injury or disability, reporting to the Food and Drug Administration problems with products and reactions to medications and reporting disease of infection exposure.
7. Health oversight activities. We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings.
8. Judicial and administrative proceedings. We may disclose your health information in the course of any administrative or judicial proceeding.
9. Law enforcement. We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes.
10. Public safety. We may disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

II. Degan J. Dansereau, M.D. LLC may not use or disclose your health information except as described in this Notice of Privacy Practices without your written authorization. If you do authorize us to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

III. Your Health Information Rights

1. You have the right to request restrictions on certain uses and disclosures of your health information. Degan J. Dansereau, M.D. LLC is not required to agree to the restriction.
2. You have the right to receive your health information through a reasonable alternative means. You will have to have a written authorization, specification of method (fax or mail), and payment method if applicable.
3. You have the right to inspect and copy your health information.
4. You have the right to request Degan J. Dansereau, M.D. LLC amend your health record that is incorrect or incomplete. We are not required to change your health information and will provide you with information about our denial and how you can disagree with the denial.
5. You have the right to receive an accounting of disclosures of your health information made by Degan J. Dansereau, M.D. LLC, except for the uses and disclosures listed in section I of the Notice of Privacy Practices.
6. You have the right to a paper copy of the Notice of Privacy Practices.

IV. Changes to this Notice of Privacy Practices

Degan J. Dansereau, M.D. LLC reserves the right to amend this Privacy Practices at any time in the future and to make the new provisions effective for all information that it maintains, including information that was created or received prior to the date of such amendment. Until such amendment is made, Degan J. Dansereau, M.D. LLC is required by law to comply with this Notice. Whatever the reason for these changes in the Privacy Practices we will provide you with a revised notice on your return appointment.

V. Complaints

Complaints about this Notice of Privacy Practices or how Degan J. Dansereau, M.D. LLC handles your health information should be directed to:

Degan J. Dansereau, M.D.
3705 Coliseum St.
New Orleans, LA 70115

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

Department of Health and Human Services
Office of Civil Rights
Hubert H. Humphrey Bldg.
200 Independence Avenue, S.W.
Room 509 F HHH Building
Washington, DC 20201

ACKNOWLEDGMENT OF RECEIPT OF NOTICE

I hereby acknowledge that I received, reviewed and understand the copy of Degan J. Dansereau, M.D. LLC's Notice of Privacy Practices.

Patient's Signature

Print Name: _____

Signature of authorized agent if applicable

Date of Signing