Dr._____

IMPORTANT, PLEASE READ:

Insurance companies no longer include the social security number of the primary insured (i.e.: spouse) on the insurance card. This is to comply with current HIPAA privacy laws. Please complete the information below to allow us to bill your insurance. If you are unable to provide this information, ***payment will be expected at the time services are rendered.***

PATIENT INFORMATION: *(PLEASE PRINT)*

Patient Name: _____
FIRST MIDDLE LAST

Address: _____ City: _____ Zip: _____

Home phone: _____ Work: _____ Cell: _____

Sex: _____ Birth date: _____ / _____ /_____ Marital Status (circle one) S M D W

Social Security # _____ - _____ - _____ Drivers License # _____

Employer: _____ Occupation: _____

SPOUSE, PARENT, GUARDIAN, ETC...

Name: _____ Relationship: _____
FIRST LAST

Address: _____ City: _____ Zip: _____

Home phone: _____ Work: _____ Cell: _____

Sex: _____ Birthday: _____ / _____ /_____ Social Security # _____ - _____ - _____

Employer: _____ Occupation: _____

INSURANCE INFO:

Insurance Company: _____

Subscriber/ID # _____ Group # _____

Name of Insured: _____ Insured Birth Date: _____ / _____ /_____

Insured phone: Home: _____ Work: _____

Referred to this office by: _____

Family Physician/Primary Care Physician: _____

Nearest relative not living with you:

Name: _____ Relationship: _____

Address: _____ City: _____ Zip: _____

Phone: Home: _____ Work: _____ Cell: _____

I hereby authorize Steven L. Hartford, M.D., Inc (FKA: John J. Fox, M.D., Inc) to release to my insurance company any information required in the course of my exam and treatment. I further authorize payment of all benefits directly to the physician. I understand I am responsible for my co-pay, deductible and/or co-ins plus any additional portion I may owe.

SIGNED: _____ **DATE:** _____

STEVEN L. HARTFORD, Ph.D., M.D.
JANET L. SCHORI, M.D.
KATHRYN S. IWATA, M.D.
1818 Verdugo Boulevard, Suite 401
Glendale, California 91208
(818)790-2944 fax (818)790-2295

Gynecology, Obstetrics, Infertility

FINANCIAL POLICY

We hope that the following information will be helpful to you. We respect your time and we would like to make your visit to our office as efficient and pleasant as possible.

We collect payment at the time services are rendered. Please refer to the following for specific information.

CASH accounts: Payment in full is expected when services are rendered.

PRIVATE Ins.: Payment in full is expected when services are rendered. As a courtesy, we will submit your insurance claim for you.

PPO Ins.: Your insurance reimbursement may not cover the full cost of your physician service. Any portion you owe is your personal responsibility. Co-Pays and/or deductibles will be collected at the time of the visit. If we have not received insurance payment within 60 days, you will be responsible for the balance due.

HMO Ins.: You are responsible for your co-pay each visit. Please be sure you have a current authorization for your visit.

If you have any questions, please contact our office manager, Judy Curley, x116.

Steven L. Hartford, Ph. D, M.D.
Janet L. Schori, M.D.
Kathryn S. Iwata, M.D.

NOTICE OF PRIVACY PRACTICES

(MEDICAL)

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.

The Health Insurance Portability & Accountability Act of 1996 ("HIPAA") is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This Act gives you, the patient, significant new rights to understand and control how your health information is used. "HIPAA" provides penalties for covered entities that misuse personal health information.

As required by "HIPAA", we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

We may use and disclose your medical records only for each of the following purposes: treatment, payment and health care operations.

- **Treatment** means providing, coordinating, or managing health care and related services by one or more health care providers. An example of this would include a physical examination.
- **Payment** means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be sending a bill for your visit to your insurance company for payment.
- **Health care operations** include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. An example would be an internal quality assessment review.

We may also create and distribute de-identified health information by removing all references to individually identifiable information.

We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the Privacy Officer:

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations.
- The right to inspect and copy your protected health information.
- The right to amend your protected health information.
- The right to receive an accounting of disclosures of protected health information.
- The right to obtain a paper copy of this notice from us upon request.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information.

This notice is effective as of _____, 20___ and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. We will post and you may request a written copy of a revised Notice of Privacy Practices from this office.

You have recourse if you feel that your privacy protections have been violated. You have the right to file written complaint with our office, or with the Department of Health & Human Services, Office of Civil Rights, about violations of the provisions of this notice or the policies and procedures of our office. We will not retaliate against you for filing a complaint.

Please contact us for more information:

For more information about HIPAA
or to file a complaint:

The U.S. Department of Health & Human Services
Office of Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201
(202) 619-0257
Toll Free: 1-877-696-6775

Steven L. Hartford, Ph.D., M.D.
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Gynecology, Obstetrics & Infertility

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

I hereby acknowledge that I have received a copy of the NOTICE OF PRIVACY PRACTICES for Steven L. Hartford, M.D., Inc.

Patient Name: _____

Signature: _____

Date: _____

OFFICE USE ONLY

I attempted to obtain the patient's signature regarding the NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT, but was unable to do so as documented below:

Date	Initials	Reason