



REGISTRATION SLIP

PLEASE PRINT Date _____
Name _____
Address _____ Apt _____
City _____
State _____ Zip _____
Social Security Number _____
Birth Date _____
Home Phone _____
Work Phone _____ Ext _____
Cell Phone/Beeper _____
E-mail _____

EMPLOYMENT INFORMATION

Occupation _____
Employed by _____
Employer's Address _____

EMERGENCY CONTACT INFORMATION

Partner or Emergency Contact _____
Relationship _____
Employed by _____
Employer's address _____
Employer's phone _____
Referred by _____

INSURANCE INFORMATION

Insurance Co _____
Insurance ID number _____

For Confidential Information (i.e. test results)
OK to leave detailed message: (check all that apply)
__ phone work __ phone home __ cell phone
__ e-mail __ U.S. mail

**I have been made aware of the privacy policy
for this practice (HIPAA)**

Sign & Date _____

Patient Provider E-Mail Agreement

E-mail offers an easy and convenient way for us to communicate. In many circumstances, it has advantages over office visits or telephone calls. There are important differences we must remember. E-mail is not the same as calling the office; there is no person on the other end ó just a computer. I cannot tell for certain when your messages will be read or when I will respond. Nonetheless, I believe the ease of communication e-mail affords is a benefit to patient care.

Some important rules:

- E-mail is never, ever appropriate for urgent or emergency problems! Please use the telephone or go directly to the Emergency Department for emergencies.
- E-mail is not suited for topics that require extensive discussion. Please make an appointment to see me. It is great for quick questions, prescription refills, referrals, etc.
- E-mail is not confidential. It is like sending a postcard through the mail. If you send e-mails from work, your employer has a legal right to read your e-mail.
- E-mails are saved and become part of the medical record.
- Finally ó either one of us may revoke permission to use e-mail at any time.

By signing below, I agree to communicate electronically. I have read the above information and understand the limitations of security on information transmitted.

Signature of patient or legal guardian

Print Name

E-mail Address

Date

Dear patient,

First and foremost, I would like to thank you for your participation in our practice. It is our privilege to care for you and we value your patronage.

It is likely that you chose us partly because we are an intimate, boutique practice that provides individualized care. We must inform you, however, that we are struggling to maintain our practice in its current form. We feel deeply that the practice of good medicine is of paramount importance. An essential component of good medicine is time to spend with patients. It is for that reason that we schedule longer visits than most offices and are available to you by email, text, and / or phone at all times.

It probably does not come as a surprise to most of you that insurance reimbursement does not cover the costs of practicing medicine the way we think it ought to be. Rather than dropping your insurance or, alternatively, compromising our style of practice, we have decided to implement a small management fee for 2011. We anticipate that this will allow us to continue to provide the availability, minimal wait time, and ample length for your appointments that we all value.

We are requesting \$100 per person for this year. We will reassess next year, based on the outcome of the 2011 program. What do you get for this fee? You will continue to enjoy the same high quality individualized care that we have always striven to provide. While this fee is voluntary (we do not want to impose financial hardship), we pledge to continue to give you the care to which you are accustomed and to strive to improve both the quality and efficiency of our office.

I invite you to contact me by phone or email to discuss this new fee if you have questions. However, if you feel comfortable with this arrangement, you may pay by check or credit card (by calling the office)

I look forward to our continued relationship.

Thank you,