



Annette C. LaCasse, D.O.

Dear Valued Patient:

Thank you for choosing Commerce Institute of Skin, the office of Dr. Annette C. LaCasse. We look forward in seeing you for your future appointment.

In order for us to serve you better, please take the time to fill out the enclosed new patient forms. You may fax them back to us prior to your appointment or bring them in with you on the day of your appointment.

If you would rather fill out the forms when you arrive, please allow at least **15 minutes** prior to your appointment time to expedite your service. **Please bring with you a copy of your insurance card and photo identification.**

We look forward to helping you with all of your skin-related concerns and thank you again for choosing Commerce Institute of Skin.

Warm Regards,
Dr. Annette C. LaCasse

Medical History

Annette LaCasse, D.O., P.C.

Today's Date ___/___/_____

Name:(Print) _____ Date of Birth___/___/_____

Reason for today's visit (chief complaint):

Please circle either "C" or "P" to let us know any problems you have, or have had in the past

*C= Current

*P= Past

General

- C P Allergies
- C P Tobacco Use
- C P Alcohol Use
- C P IV Drug Use
- C P Cosmetic Surgery
- C P Ear Problems
- C P Fainting
- C P Head Injury
- Pulmonary**
- C P Asthma
- C P Chronic Bronchitis
- C P Emphysema
- C P Pneumonia
- C P Exposure to TB
- C P Shortness of Breath
- C P Other Lung Disease
- C P Lower Extremity Edema
- C P Palpitations

Gastrointestinal

- C P Stomach Ulcers
- C P Disease of the Colon
- C P Abdominal Pain
- C P Hemorrhoids
- C P Liver Disease

Skin & Hair

- C P Reaction to Local Anesthetic
- C P Reaction to Substances Applied to Skin
- C P **Melanoma**
- C P Non-Melanoma Skin Cancer
- C P Abnormal Skin Healing
- C P Herpes Infection

Cardiovascular

- C P High Blood Pressure
- C P Heart Attack
- C P Angina/Chest Pain
- C P Congestive Heart Failure
- C P Other Heart Disease
- C P Stroke
- C P High Cholesterol

Infectious Disease

- C P Hepatitis A__ B__ C__
- C P HIV
- C P MRSA

Neurology

- C P Seizures/Epilepsy
- C P Numbness
- C P Dizziness
- C P Migraines

Psychiatric

- C P Depression
- C P Anxiety

Endocrinology

- C P Diabetes
- C P Thyroid Disease

Hematology

- C P Blood Transfusions
- C P Bleeding/Clotting disorder
- C P Anemia

Musculoskeletal

- C P Osteoporosis
- C P Broken Bones/Accidents
- C P Arthritis
- C P Back Problems
- C P Muscle Weakness
- C P Hiatal Hernia
- C P Gout

Urinary

- C P Kidney Disease
- C P Bladder Problems
- C P Prostate Problems

Is there anything else we should know about your health? _____

Women:

Are you pregnant? Yes ___ No ___ Could you be pregnant? Yes ___ No ___

Planning to become pregnant? Yes ___ No ___

Abnormal periods? Yes__ No__ Date of last period: ___/___/_____

Excessive facial and/or body hair? Yes___ No___

Medical History

Annette LaCasse, D.O., P.C.

Family History: (Past family and social history)

Mother: ___ Living ___ Deceased ___ Age

Father: ___ Living ___ Deceased ___ Age

Check the following medical conditions that have occurred in your **family**:

<u>Disease</u>	<u>Mother</u>	<u>Father</u>	<u>Blood Relative</u>
Malignant Melanoma	_____	_____	_____
Non-Melanoma Skin Cancer	_____	_____	_____
Allergies	_____	_____	_____
Arthritis	_____	_____	_____
Asthma	_____	_____	_____
Diabetes	_____	_____	_____
Eczema	_____	_____	_____
Hay fever	_____	_____	_____
Heart Disease	_____	_____	_____
High Blood Pressure	_____	_____	_____
Lung Disease	_____	_____	_____
Psoriasis	_____	_____	_____
Tuberculosis	_____	_____	_____
Other Cancers	_____	_____	_____

Is there any other family history you think we should know about? _____

PATIENT DEMOGRAPHICS

Annette LaCasse D.O., P.C.

Patient Name _____ **Birthdate** ___/___/___ Age ___ M ___ F ___

Address _____ **Email** _____

City _____

Zip/ State _____

Phone (____)-____-____

Cell (____)-____-____

S.S. Number _____ - _____ - _____

Referred by _____

What is your preferred method of contact? (choose one) ___ phone call ___ text message ___ email

Emergency Contact

Name _____

Phone Number (____)-____-____

Relationship _____

INSURANCE INFORMATION

Insurance Company _____ Policy Number _____

Policy Holder Name _____ **Date of Birth:** ___/___/___

Policy holder S. S. Number: _____ - _____ - _____ Employer _____

Insurance Company _____ Policy Number _____

Policy Holder Name _____ **Date of Birth:** ___/___/___

Policy holder S. S. Number: _____ - _____ - _____ Employer _____

Insurance Company _____ Policy Number _____

Policy Holder Name _____ **Date of Birth:** ___/___/___

Policy holder S. S. Number: _____ - _____ - _____ Employer _____

Social History

Do you live alone? Yes ___ No ___ Married: N ___ Y ___ Spouse's Name: _____

Number of Children _____

Name of Children _____ Age _____

_____ Age _____

_____ Age _____

_____ Age _____

Hobbies/Leisure activities: _____ Occupation _____

Patient Signature _____ **Date** ___/___/___

Insurance Provider List

Here are the more common insurances we accept:

Aetna

BCBS PPO

Cofinity

DMC Care

Health Plus PPO

Medicare

Medicare Plus Blue

Medicare Aetna

Medicare Humana

Priority Health HMO

Priority Health PPO

United Health Care

Cigna HAP

HAP PPO AND HMO (excluding closed networks with Henry Ford, DMC and Genysis Hospitals)

Understanding Insurance Language

To help with some of the common insurance lingo, we have listed several of the most common definitions that we feel are important to be aware of.

Copay

The amount an insured person is expected to pay for a medical expense at the time of the visit.

Coinsurance

More generally, a sharing of risk between the insurer and the insured. Also called copay.

Maximum Benefit

An annual maximum benefit amount is the maximum dollar amount that an insurer has to pay for all healthcare services for the insured during a year.

Deductible

A portion of a claim to be paid by the insured before any payment is made by the insurer.

Coordination of Benefits

Benefits under one plan are coordinated with benefits from another insurance plan (that covers the same benefits), so payments won't be duplicated. All families must submit COB information annually, if using benefits, in order to expedite the claims paying process.

For any questions regarding your insurance please contact our office.
Please check with your insurance company for benefit coverage.

NOTICE OF PRIVACY POLICIES AND PRACTICES FOR DR. ANNETTE LACASSE, D.O. PC.

Dear Patient:

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

INTRODUCTION

At Dr. Annette LaCasse, D.O. P.C., we are committed to treating and using protected health information about you responsibly. This notice describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your patient protected health information. This notice is effective April 14th, 2003 and applies to all protected health information as defined by federal regulations.

UNDERSTANDING YOUR MEDICAL RECORD/HEALTH INFORMATION

Each time you visit Dr. Annette LaCasse, D.O. P.C., a record of your visit is made. Typically, this record contains information about your visit including your patient examination, diagnosis, test results, and treatment as well as other information. Your chart often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment.
- Means of communication with the health, professionals involved in your care.
- Legal document outlining and describing the care you received.
- A tool that you or another payer (your insurance company) will use to verify that services billed was actually provided.
- An education tool for medical health providers. A source for medical research.
- Basis for public health officials who might use this information to assess and/or improve state as well as national healthcare standards.
- A source of data for planning and/or marketing.
- A tool we can reference to ensure the highest quality of care and patient satisfaction.

Understanding what is **in** your record and how your health information is used helps you to insure its accuracy, determine what entities have access to your health information, and make an informed decision when authorizing the disclosure of the information to other individuals.

NOTICE OF PRIVACY POLICIES AND PRACTICES FOR DR. ANNETTE LACASSE, D.O. PC.**YOUR RIGHTS**

You have certain rights under the federal privacy standards. These include:

- The right to request restrictions on the use and disclosure of your protected health information.
- The right to receive confidential communications concerning your medical condition and treatment.
- The right to inspect and receive a copy of your protected health information at our standard charge for copying.
- The right to appoint a personal representative to receive communication regarding your condition and care. (Personal representative for minor patient will be assumed to be parent or legal guardian unless notified otherwise.)
- The right to amend or submit corrections to protected health information.
- The right to receive an accounting of how and to whom your protected health information had been disclosed.
- The right to receive a printed copy of this notice.

OUR RESPONSIBILITIES

Dr. Annette LaCasse, D.O. P.C. is required to:

- Maintain the privacy of your health information.
- Provide you with this Notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
- Abide by the terms of this notice.
- Notify you if we are unable to agree to requested restrictions.
- Accommodate reasonable requests you may have regarding communication of health information via alternative means and/locations.

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Whatever the reasons for these revisions, we will provide you with a revised notice on your next office visit. The revised policies and practices will be applied to all protected health information that we maintain. We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue using or disclosing your health information after we have received a written revocation of the authorization according to procedures included in the authorization.

NOTICE OF PRIVACY POLICIES AND PRACTICES FOR DR. ANNETTE LACASSE, D.O. PC.**HOW WE MAY USE AND/OR DISCLOSE YOUR HEALTH INFORMATION**

We will use your information for treatment: Your health information may be used by staff members or disclosed to other healthcare professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example: results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

We will use your information for payment: Your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated in order to pay for the service rendered to you.

We will use your information for regular health operations: Your health information may be used as necessary to support the day-to-day activities and management of Dr. Annette LaCasse, D.O. P.C. For example: information on the services that you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

Business Associates: In some instances, we have contracted separate entities to provide service for us. These “associates” require your health information in order to accomplish the task that we ask them to provide. Some examples of these “business associates” might be a billing service, collection agency, answering services and computer software/hardware provider.

Communication with family: There are times when a parent or guardian of a minor cannot view or receive a patient medical record. Michigan law provides for the confidential treatment of a minor upon that minor’s request for sexuality matters, contraception, sexually transmitted diseases, mental health concerns and substance-use disorders, among other conditions.

Research/Teaching/Training: We may use your information for the purpose of research, teaching, and training.

Healthcare Oversight: Federal law requires us to release your patient information to an appropriate health oversight agency, public health authority or attorney, or other federal/state appointee if there are circumstances that require us to do so.

Public Health Reporting: Your patient health information may be disclosed to public health agencies as required by law.



Annette C. LaCasse, D.O.

NOTICE OF PRIVACY POLICIES AND PRACTICES FOR DR. ANNETTE LACASSE, D.O. PC.

HOW WE MAY USE AND/OR DISCLOSE YOUR HEALTH INFORMATION

Law Enforcement: Your health information may be disclosed to law enforcement agencies without your permission, to support government audits and inspections, to facilitate law enforcement investigations, and to comply with government mandated reporting.

In Connection with Judicial and Administrative Proceedings: We may disclose your protected health information in the course of any judicial or administrative proceeding in response to an order of the court or administrative tribunal as expressly authorized by such order or in response to a signed authorization (in a format approved by the Michigan Court Administrator).

For Worker's Compensation: The practice may release your health information to comply with worker's compensation laws or similar programs.

Other uses and disclosures: Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have complaints, questions or would like additional information regarding this notice or privacy practices of Dr. Annette LaCasse, D.O. P.C. please contact:

OFFICE MANAGER

Dr. Annette LaCasse, D.O. P.C.

8906 Commerce Road, Suite 5 Commerce, MI. 48382

(248) 363-5555

If you believe that your privacy rights have been violated, please contact the aforementioned practice Privacy Official or, you may file a complaint with the Office for Civil Rights, US Department of Health and Human Services. There will be no retaliation for filing a complaint with either the practice's Privacy Official or with the Office for Civil Rights. The address for the Office for Civil Rights is listed below:

OFFICE FOR CIVIL RIGHTS

U.S. Department of Health and Human Services

200 Independence Avenue, S.W. Room 509F, HHH Building

Washington, D.C. 20201

HIPAA Medical Information Release Form

Name (Print) _____ Date of Birth ____/____/____

Release of Information

I authorize the release of information including diagnosis, examination records, reports, and claims information to:

- Primary Care Physician _____
Address _____
Phone (____)-____-____
- Spouse _____
- Child _____
- Other _____

Messages

I authorize the office of Dr. Annette LaCasse to send appointment reminders to me my on my provided cell phone number, or email.

I UNDERSTAND THAT THE OFFICE OF DR. LACASSE MAY BILL THE INSURANCE COMPANY FOR ANY PROCEDURES/SURGERIES RENDERED. I AUTHORIZE THE RELEASE OF ANY MEDICAL INFORMATION NECESSARY TO PROCESS THESE CLAIMS. I WILL BE RESPONSIBLE FOR ANY UNPAID BALANCES.

This Release of information will remain in effect until terminated by me in writing

Signed: _____ Date ____/____/____

Witness: _____ Date ____/____/____

Patient Questionnaire

In order to serve your needs to the fullest, please circle the following topics you would like to discuss or would like further information on.

Skin Cancer Information

Botox

Restylane, Perlane, Juvederm, Radiesse, and Other Fillers for Wrinkles and Lines

Laser Resurfacing & Photo rejuvenation

Psoriasis / Eczema

Lesion Removal

Vein Treatments

Scar Treatments

We offer a complimentary consultation for the following services. Please complete if you would like to schedule a consultation with an Aesthetician.

Microdermabrasion

Chemical Peels