

ISMAIL OZCAN M.D.
122 PORTION RD. LAKE RONKONKOMA, NY 11779
TEL: (631) 588-6665 FAX: (631) 580-5543
REGISTRATION AND INSURANCE FORM (PRINT PLEASE)

Patient information:

Last Name: _____ First Name: _____ SEX: M / F
DOB: _____ Social security#: _____

Current Mailing Address:

Street: _____ City _____ State _____ Zip _____
Home phone _____ Cell# _____ Work# _____

Email: _____

Patient's Insurance Information:

Insurance: _____ ID# _____ Grp/Plan# _____
Phone#: _____ Address: _____

Primary Insurance Holders Information:

Name: _____ DOB: _____ SS# _____

Relationship to insured: Self _____ Spouse _____ Child _____ Other _____

REQUIRED SIGNATURES

MEDICAL CLAIMS INSURANCE UNDERSTANDING& CONCENT: I understand and agree that if the physician participates with my medical insurance carrier, I am responsible for any and all copayments, coinsurance, and deductible amounts that my insurance carrier requires. If the physician does not participate with medical insurance carrier I understand I am responsible for full payment of all charges incurred. I consent the release of any protected health information necessary to process medical claims for professional services rendered to me.

PATIENT SIGNATURE _____ DATE _____

ACKNOWLEDGEMENT OF PHYSICIAN,S NOTICE OF PRIVACY PRACTICES: Protected Health Information. The Privacy Rule protects all "individually identifiable health information" held or transmitted by a covered entity or its business associate, in any form or media, whether electronic, paper, or oral. The Privacy Rule calls this information "protected health information (PHI)."¹² "Individually identifiable health information" is information, including demographic data, that relates to:

- the individual's past, present or future physical or mental health or condition,
- the provision of health care to the individual, or
- the past, present, or future payment for the provision of health care to the individual,

and that identifies the individual or for which there is a reasonable basis to believe it can be used to identify the individual.¹³ Individually identifiable health information includes many common identifiers (e.g., name, address, birth date, Social Security Number).

The Privacy Rule excludes from protected health information employment records that a covered entity maintains in its capacity as an employer and education and certain other records subject to, or defined in, the Family Educational Rights and Privacy Act, 20 U.S.C. §1232g.

De-Identified Health Information. There are no restrictions on the use or disclosure of de-identified health information.¹⁴ De-identified health information neither identifies nor provides a reasonable basis to identify an individual. There are two ways to de-identify information; either: (1) a formal determination by a qualified statistician; or (2) the removal of specified identifiers of the individual and of the individual's relatives, household members, and employers is required, and is adequate only if the covered entity has no actual knowledge that the remaining information could be used to identify the individual.¹⁵

I acknowledge that I have received a copy of the physicians Notice of practices in accordance with HIPPA Regulations.

PATIENT SIGNATURE _____ DATE _____

IF THE PATIENT IS UNDER 18 YEARS OF AGE:

PARENT'S NAME _____ SIGNATURE: _____

Emergency Contact: Name: _____ Tel: _____ Rel: _____

ELLIGIBILITY CHECK

DATE: / / BY: _____ DATE: / / BY: _____ DATE: / /