

JANEE D. STEINBERG, M.D. Board Certified Dermatologist
ELIEZER J. LIVNAT, M.D. Board Certified Ob/Gyn
LEONARD TACHMES, M.D. Board Certified Plastic Surgeon

- Professional Centre at Woodmont * 7777 North University Drive Ste. 201 * Tamarac, Florida 33321
- 9291 Glades Road. Ste 203 * Boca Raton, Florida, 33434

(954) 720-6333
(561) 883-8886

PATIENT INFORMATION
(PLEASE PRINT AND COMPLETE ALL ITEMS)

| | | | | | |
|--|--|-------------------------------|--------------------|---|-------------------------|
| E-MAIL ADDRESS | | | SEX F () M () | | DATE |
| NAME | | | DATE OF BIRTH | | AGE SOCIAL SECURITY NO. |
| ADDRESS | | | CITY | | STATE ZIP CODE |
| HOME PHONE NUMBER: | | CELL PHONE: | | MARITAL STATUS <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> D <input type="checkbox"/> SEP <input type="checkbox"/> WIDOW / WIDOWER | |
| EMPLOYER | | BUSINESS PHONE NUMBER | | OCCUPATION | |
| BUSINESS ADDRESS | | CITY | | STATE ZIP CODE | |
| NAME OF SPOUSE / PARTNER | | SPOUSE'S / PARTNER'S EMPLOYER | | BUSINESS PHONE NUMBER | |
| NEAREST RELATIVE | | RELATION | | PHONE NUMBER | |
| REFERRED BY: <input type="checkbox"/> DOCTOR, WHICH DOCTOR? _____ <input type="checkbox"/> NEWSPAPER, WHICH NEWSPAPER? _____ <input type="checkbox"/> MAGAZINE, WHICH MAGAZINE? _____ <input type="checkbox"/> INTERNET, WHICH WEBSITE? _____ <input type="checkbox"/> RADIO, WHICH STATION? _____ <input type="checkbox"/> YELLOW PAGES OTHER: _____ | | | | | |
| WHAT REASON ARE YOU HERE FOR TODAY? | | | | | |
| HAVE YOU SEEN OTHER COSMETIC SURGEONS? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | IF SO, WHOM? | | |

INSURANCE INFORMATION

| | | | | | |
|-----------------|--|---------------------|-------------------|--|---------------------|
| PRIMARY CARRIER | | | CARRIER/SECONDARY | | |
| ADDRESS | | | ADDRESS | | |
| CITY | | STATE | CITY | | STATE ZIP |
| PHONE NUMBER | | GROUP NUMBER | PHONE NUMBER | | GROUP NUMBER |
| POLICY NUMBER | | | POLICY NUMBER | | |
| SUBSCRIBER | | SOCIAL SECURITY NO. | SUBSCRIBER | | SOCIAL SECURITY NO. |

SIGNATURE

| | | |
|---------------------|--|------|
| PATIENT'S SIGNATURE | | DATE |
|---------------------|--|------|

→ Over

JANEE D. STEINBERG, M.D. Board Certified Dermatologist
ELIEZER J. LIVNAT, M.D. Board Certified Ob/Gyn
LEONARD TACHMES, M.D. Board Certified Plastic Surgeon
Broward & Palm Beach

CANCELLATION POLICY

Patient Name _____ Date _____

Please understand that our practitioner's time is very valuable and there will be no exceptions to this policy. Patients with an appointment that is missed or not cancelled within 48 hours of the scheduled time will be charged the full amount of their deposit for treatment that was to be performed. For those patients who have purchased a package, this charge will be in addition to the package price.

Patient Signature _____

“Under Florida law, physicians are generally required to carry medical malpractice insurance or otherwise demonstrate financial responsibility to cover potential claims for medical malpractice. **YOUR DOCTOR HAS DECIDED NOT TO CARRY MEDICAL MALPRACTICE INSURANCE.**

This is permitted under Florida law subject to certain conditions. Florida law imposes penalties against noninsured physicians who fail to satisfy adverse judgments arising from claims of medical malpractice. This notice is provided pursuant to Florida law”

I have read and completely understand that Dr. Janee D. Steinberg, Dr. Leonard Tachmes, and Dr. Eliezer Livnat do not carry medical malpractice for any/all procedures inclusive of dermatology and cosmetic/plastic surgery.

I also understand that this office complies with the rules of the Florida Board of Medicine as it relates to Medical Malpractice coverage.

My signature below acknowledges that I have received a copy of this notice and agree to proceed with any/all treatments that I so desire.

Patients Signature

Date

Witness

Date



JANEE D. STEINBERG, MD., P.A.

Board Certified Dermatologist

Fellow American Academy
of Cosmetic Surgery

JAY A. SHORR

Vice President of Operations
Business Development

PHOTOGRAPHY, VIDEOTAPE CONSENT FORM

PATIENT NAME _____

I hereby authorize the taking of photographs and/or video by Janee D. Steinberg, M.D. and any of her associates or representatives, with the full understanding that such photographs and/or video may be used for:

PUBLICATION _____

EDUCATIONAL AND OR RESEARCH PURPOSES _____

ADVERTISING PURPOSES (NEWSPAPERS/MAGAZINES, ETC.) _____

SHOWING OTHER PATIENTS IN THE OFFICE _____

DISPLAY PHOTOS IN THE OFFICE _____

DISPLAY AT SHOWS/CONVENTIONS _____

TELEVISION OR OTHER MEDIA _____

CANNOT BE USED FOR ANY OF THE ABOVE PURPOSES _____

OTHER (DESCRIPTION) _____

SIGNATURE OF PATIENT _____ **DATE** _____

SIGNATURE OF WITNESS _____ **DATE** _____

*Dermatology ▲ Dermatologic Surgery ▲ Laser Cosmetic Surgery ▲ Fraxel
Botox ▲ Restylane ▲ Juvederm ▲ Sculptra ▲ Radiesse
Plastic Surgery of the Face & Body ▲ Ultrasonic Liposuction ▲ Abdominal Contouring ▲ Breast Enlargement & Reduction
Permanent Make-up ▲ Sclerotherapy ▲ Skincare Products*

RECEIPT OF NOTICE OF PRIVACY PRACTICES

Patient Name: _____

Medical Record # _____

Date of Admission: _____

My signature on this form acknowledges that I have received a copy of Advanced Cosmetic Laser Center's Notice of Privacy Practices. I understand that this document provides and explanation of the ways in which my health information may be used or disclosed by Advanced Cosmetic Laser Center and of my rights with respect to my health information.

I have been provided with the opportunity to discuss concerns I may have regarding the privacy of my health information.

Patient's Signature

Date

Signature of Patient's Representative if
Patient is unable to sign

Date

TO BE COMPLETED BY ADMITTING CLINIC IF FORM NOT SIGNED

1. Was the patient provided with the copy of the agency's Notice of Privacy Practices? YES NO
2. Briefly describe efforts made to obtain the patient's acknowledgment of receipt of the Notice and explain why the patient was not able or willing to sign this form:

Signature of Admitting Clinician

Date

JANEE D. STEINBERG, M.D., P.A.

Advanced Cosmetic Laser Center

7777 North University Drive, Tamarac, Florida 33321

(954) 720-6333

PATIENT RECORD OF DISCLOSURES

In general, the HIPAA privacy rule gives individuals the right to request a restriction on uses and disclosures of their protected health information (PHI). The individual is also provided the right to request confidential communications or that a communication of PHI be made by alternative means, such as sending correspondence to the individual's office instead of the individual's home.

I wish to be contacted in the following manner (check all that apply):

Home Telephone _____

O.K. to leave message with detailed information

Leave message with call back number only

Written Communication

O.K. to mail my home address

O.K. to mail to my work/office address

O.K. to fax to this number

Work Telephone _____

O.K. to leave message with detailed information

Leave message with call back number only

Other _____

Patient Signature

Date

Print Name

Birthdate

The Privacy Rule generally requires healthcare providers to take reasonable steps to limit the use or disclosure of, and requests for PHI to the minimum necessary to accomplish the intended purpose. These provisions do not apply to uses or disclosures made pursuant to an authorization request by the individual.

Healthcare entities must keep records of PHI disclosures. Information provided below, if completed properly, will constitute an adequate record.

NOTE: Uses and disclosures for TPO may be permitted without prior consent in an emergency.

NOTICE OF PRIVACY PRACTICES

(Please refer to §164.520 of the Federal Register
for HIPAA Rules and Regulations for all required elements.)

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.

“Advanced Cosmetic Laser Center” may use your health information, information that constitutes protected health information as defined in the Privacy Rule of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996, for purposes of providing you treatment, obtaining payment for your care and conducting health care operations. Advanced Cosmetic Laser Center has established policies to guard against unnecessary disclosure of your health information.

THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED:

To Provide Treatment. Advanced Cosmetic Laser Center may use your health information to coordinate care within Advanced Cosmetic Laser Center and with others involved in your care. For example, physicians involved in your care will need information about your symptoms in order to prescribe appropriate medications. Advanced Cosmetic Laser Center also may disclose your health care information to individuals outside of Advanced Cosmetic Laser Center involved in your care including family members, pharmacists, suppliers of medical equipment, or other health care professionals.

To Obtain Payment. Advanced Cosmetic Laser Center may include your health information in invoices to collect payment from third parties for the care you receive from Advanced Cosmetic Laser Center. For example, Advanced Cosmetic Laser Center may be required by your health insurer to provide information regarding your health care status so that the insurer will reimburse you or Advanced Cosmetic Laser Center. Advanced Cosmetic Laser Center also may need to obtain prior approval from your insurer and may need to explain to the insurer your need for health care that will be provided to you.

To Conduct Health Care Operations. Advanced Cosmetic Laser Center may use and disclose health information for its own operations in order to facilitate the function of Advanced Cosmetic Laser Center and as necessary to provide quality care to all of Advanced Cosmetic Laser Center's patients. Health care operations includes such activities as:

- Quality assessment and improvement activities.
- Activities designed to improve health or reduce health care costs.
- Protocol development, case management and care coordination.
- Contacting Advanced Cosmetic Laser Centers and patients with information about treatment alternatives and other related functions that do not include treatment.
- Professional review and performance evaluation.
- Training programs including those in which students, trainees or practitioners in health care learn under supervision.
- Training of non-health care professionals.
- Accreditation, certification, licensing or credentialing activities.
- Review and auditing, including compliance reviews, medical reviews, legal services and compliance programs.
- Business planning and development including cost management and planning related analyses and formulary development.
- Business management and general administrative activities of Advanced Cosmetic Laser Center.

For example Advanced Cosmetic Laser Center may use your health information to evaluate its staff performance, combine your health information with other Advanced Cosmetic Laser Center patients in evaluating how to more effectively serve all Advanced Cosmetic Laser Center patients disclose your health information to Advanced Cosmetic Laser Center staff and contracted personnel for training purposes, use your health information to contact you as a reminder regarding a visit to you, or contact you as part of general fundraising and community information mailings (unless you tell us you do not want to be contacted).

For Appointment Reminders. Advanced Cosmetic Laser Center may use and disclose your health information to contact you as a reminder that you have an appointment for a doctor's office visit.

For Treatment Alternatives. Advanced Cosmetic Laser Center may use and disclose your health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH YOUR HEALTH INFORMATION MAY ALSO BE USED AND DISCLOSED

When Legally Required. Advanced Cosmetic Laser Center will disclose your health information when it is required to do so by any Federal, State or local law.

When There Are Risks to Public Health. Advanced Cosmetic Laser Center may disclose your health information for public activities and purposes in order to:

- Prevent or control disease, injury or disability, report disease, injury, vital events such as birth or death and the conduct of public health surveillance, investigations and interventions.
- Report adverse events, product defects, to track products or enable product recalls, repairs and replacements and to conduct post-marketing surveillance and compliance with requirements of the Food and Drug Administration.
- Notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease.
- Notify an employer about an individual who is a member of the workforce as legally required.

To Report Abuse, Neglect Or Domestic Violence. Advanced Cosmetic Laser Center is allowed to notify government authorities if Advanced Cosmetic Laser Center believes a patient is the victim of abuse, neglect or domestic violence. Advanced Cosmetic Laser Center will make this disclosure only when specifically required or authorized by law or when the patient agrees to the disclosure.

To Conduct Health Oversight Activities. Advanced Cosmetic Laser Center may disclose your health information to a health oversight Advanced Cosmetic Laser Center for activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. Advanced Cosmetic Laser Center, however, may not disclose your health information if you are the subject of an investigation and your health information is not directly related to your receipt of health care or public benefits.

In Connection With Judicial And Administrative Proceedings. Advanced Cosmetic Laser Center may disclose your health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena, discovery request or other lawful process, but only when Advanced Cosmetic Laser Center makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information. ***[Some States require a court order for the release of any confidential medical information and may be more protective than the Federal requirements.]***

For Law Enforcement Purposes. As permitted or required by State law, Advanced Cosmetic Laser Center may disclose your health information to a law enforcement official for certain law enforcement purposes as follows:

- As required by law for reporting of certain types of wounds or other physical injuries pursuant to the court order, warrant, subpoena or summons or similar process.
- For the purpose of identifying or locating a suspect, fugitive, material witness or missing person.
- Under certain limited circumstances, when you are the victim of a crime.
- To a law enforcement official if Advanced Cosmetic Laser Center has a suspicion that your death was the result of criminal conduct including criminal conduct at Advanced Cosmetic Laser Center.
- In an emergency in order to report a crime.

To Coroners And Medical Examiners. Advanced Cosmetic Laser Center may disclose your health information to coroners and medical examiners for purposes of determining your cause of death or for other duties, as authorized by law.

To Funeral Directors. Advanced Cosmetic Laser Center may disclose your health information to funeral directors consistent with applicable law and if necessary, to carry out their duties with respect to your funeral arrangements. If necessary to carry out their duties, Advanced Cosmetic Laser Center may disclose your health information prior to and in reasonable anticipation of your death.

For Organ, Eye Or Tissue Donation. Advanced Cosmetic Laser Center may use or disclose your health information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs, eyes or tissue for the purpose of facilitating the donation and transplantation.

For Research Purposes. Advanced Cosmetic Laser Center may, under very select circumstances, use your health information for research. Before Advanced Cosmetic Laser Center discloses any of your health information for such research purposes, the project will be subject to an extensive approval process. ***[If Advanced Cosmetic Laser Center intends to conduct research it is important to carefully review the authorization requirements for research exceptions and revise the Notice provisions as needed.]***

In the Event of A Serious Threat To Health Or Safety. Advanced Cosmetic Laser Center may, consistent with applicable law and ethical standards of conduct, disclose your health information if Advanced Cosmetic Laser Center, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

For Specified Government Functions. In certain circumstances, the Federal regulations authorize Advanced Cosmetic Laser Center to use or disclose your health information to facilitate specified government functions relating to military and veterans, national security and intelligence activities, protective services for the President and others, medical suitability determinations and inmates and law enforcement custody.

For Worker's Compensation. Advanced Cosmetic Laser Center may release your health information for worker's compensation or similar programs.

AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION

Other than is stated above, Advanced Cosmetic Laser Center will not disclose your health information other than with your written authorization. If you or your representative authorizes Advanced Cosmetic Laser Center to use or disclose your health information, you may revoke that authorization in writing at any time.

YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

You have the following rights regarding your health information that Advanced Cosmetic Laser Center maintains:

Right to request restrictions. You may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on Advanced Cosmetic Laser Center's disclosure of your health information to someone who is involved in your care or the payment of your care. However, Advanced Cosmetic Laser Center is not required to agree to your request. If you wish to make a request for restrictions, please contact **Jay A. Shorr – VP Operations of Advanced Cosmetic Laser Center**.

Right to receive confidential communications. You have the right to request that Advanced Cosmetic Laser Center communicate with you in a certain way. For example, you may ask that Advanced Cosmetic Laser Center only conduct communications pertaining to your health information with you privately with no other family members present. If you wish to receive confidential communications, please contact in writing or via fax to **Jay A. Shorr – VP Operations – 954-720-9737**. Advanced Cosmetic Laser Center will not request that you provide any reasons for your request and will attempt to honor your reasonable requests for confidential communications.

Right to inspect and copy your health information. You have the right to inspect and copy your health information, including billing records. A request to inspect and copy records containing your health information may be made via fax to **Jay A. Shorr – VP Operations – 954-720-9737**. If you request a copy of your health information, Advanced Cosmetic Laser Center may charge a reasonable fee for copying and assembling costs associated with your request.

Right to amend health care information. You or your representative have the right to request that Advanced Cosmetic Laser Center amend your records, if you believe that your health information is incorrect or incomplete. That request may be made as long as the information is maintained by Advanced Cosmetic Laser Center. A request for an amendment of records must be made in writing via fax to **Jay A. Shorr – VP Operations – 954-720-9737**. Advanced Cosmetic Laser Center may deny the request if it is not in writing or does not include a reason for the amendment. The request also may be denied if your health information records were not created by Advanced Cosmetic Laser Center, if the records you are requesting are not part of Advanced Cosmetic Laser Center's records, if the health information you wish to amend is not part of the health information you or your representative are permitted to inspect and copy, or if, in the opinion of Advanced Cosmetic Laser Center, the records containing your health information are accurate and complete.

Right to an accounting. You or your representative have the right to request an accounting of disclosures of your health information made by Advanced Cosmetic Laser Center for certain reasons, including reasons related to public purposes authorized by law and certain research. The request for an accounting must be made in writing to **Jay A. Shorr – VP Operations – 954-720-9737**. The request should specify the time period for the accounting starting on or after April 14, 2003. Accounting requests may not be made for periods of time in excess of six (6) years. Advanced Cosmetic Laser Center would provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.

Right to a paper copy of this notice. You or your representative have a right to a separate paper copy of this Notice at any time even if you or your representative have received this Notice previously. To obtain a separate paper copy, please contact via fax **Jay A. Shorr – VP Operations – 954-720-9737**

DUTIES OF ADVANCED COSMETIC LASER CENTER

Advanced Cosmetic Laser Center is required by law to maintain the privacy of your health information and to provide to you and your representative this Notice of its duties and privacy practices. Advanced Cosmetic Laser Center is required to abide by the terms of this Notice as may be amended from time to time. Advanced Cosmetic Laser Center reserves the right to change the terms of its Notice and to make the new Notice provisions effective for all health information that it maintains. If Advanced Cosmetic Laser Center changes its Notice, Advanced Cosmetic Laser Center will provide a copy of the revised Notice to you or your appointed representative. You or your personal representative have the right to express complaints to Advanced Cosmetic Laser Center and to the Secretary of the United States Department of Health and Human Services if you or your representative believe that your privacy rights have been violated. Any complaints to the Secretary of the United States Department of Health and Human Services should be made in writing to 200 Independence Avenue, S.W., Washington, D.C. 20201, (202) 619-0257.

Any complaints to Advanced Cosmetic Laser Center should be made in writing via fax to **Jay A. Shorr – VP Operations – 954-720-9737**. Advanced Cosmetic Laser Center encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

CONTACT PERSON

Advanced Cosmetic Laser Center has designated **Jay A. Shorr – VP Operations** as its contact person for all issues regarding patient privacy and your rights under the Federal privacy standards. You may contact this person at **7777 N. University Drive – Suite #201 – Tamarac, FL, 33321**

EFFECTIVE DATE

This Notice is effective April 14, 2003.