



**BOULDER
PLASTIC
SURGERY**
& IV Seasons Skin Care

The Beauty of You™



**IV SEASONS
SKIN CARE**
BY BOULDER PLASTIC SURGERY

Financial Policy/HIPAA Acknowledgment Form

Thank you for choosing IV Seasons Skin Care/Hans Kuisle, M.D. We ask that you carefully read and sign this *Policy and Disclosure*.

I, _____ (Print Name) have been given the opportunity to read a copy of IV Seasons Skincare’s Notice of Patient Privacy Practices obligations and Financial Policy

1. May we leave appointment information on your answering machine or cell phone? Yes No

For your safety and ours as of February 2022, masks and/or proof of COVID vaccination are still required for services as IV Seasons Skin Care Clinic. Individual circumstances regarding this protocol will be considered

We require a valid credit card on file to hold your appointment, place a deposit for a scheduled treatment or charge your credit card for cancellations as outlined below.

AUTHORIZATIONS

Credit Card Information:

You will be asked to give us your credit card information when you schedule your treatment or consultation, and it will be kept on file unless you advise us otherwise.

Self-Pay Financial Policy:

I understand, as a self-pay patient, that I am responsible to pay the bill at the time the services are rendered. For scheduled appointments and outstanding balances must be paid prior to the visit.

Appointment Cancellation: Procedure or Treatment

Please be courteous and call IV Seasons Skin Care promptly if you are unable to attend an appointment for a procedure or treatment. If it is necessary to cancel your scheduled appointment, we require that you give at least **48 hours** notice. Less than 48 hours notice doesn’t allow us to offer an appointment to another patient in need. There could be up to a \$500.00 charge depending on your procedure or treatment if you fail to show or cancel with less than 48 hours notice for your scheduled appointment. Unavoidable circumstances may warrant special consideration, but please note that the above charges will apply to most cancellations. This charge may be forfeiture of the deposit paid for higher value procedures.

Appointment Cancellation: Consultation

Please be courteous and call IV Seasons Skin Care promptly if you are unable to attend an appointment for a consultation. If it is necessary to cancel your scheduled appointment, we require that you give at least **48 hours** notice. Less than **48 hours** notice doesn’t allow us to offer an appointment to another patient in need. There will be a \$100.00 charge if you fail to show or cancel with less than 48 hours notice for your scheduled appointment. Unavoidable circumstances may warrant special consideration, but please note that the above charges will apply to most cancellations.

The information requested on this form must be completed in its entirety and will remain confidential.

X _____ X _____ X _____
Signature Print Name Date



NOTICE of PRIVACY PRACTICES

This notice describes how your health information may be used and disclosed and how you can access this information. Please review it carefully.

- At Boulder Plastic Surgery Prof., LLC and IV Seasons Skincare, we have always kept your health information secure and confidential. A new law requires us to continue maintaining your privacy, to give you this notice and to follow the terms of this notice.
- The law permits us to use or disclose your health information to those involved in your treatment. For example, a review of your file by a specialist doctor whom we may involve in your care.
- We may use or disclose your health information for payment of your services. For example, we may send a report of your progress to your insurance company.
- We may use or disclose your health information for our normal healthcare operations. For example, one of our staff will enter your information into our computer.
- We may share your medical information with our business associates, such as a billing service. We have a written contract with each business associate that requires them to protect your privacy.
- We may use your information to contact you. For example, we may send newsletters or other information. We may also want to call and remind you about your appointments. If you are not home, we may leave this information on your answering machine or with the person who answers the telephone.
- In an emergency, we may disclose your health information to a family member or another person responsible for your care.
- We may release some or all of your health information when required by law.
- If this practice is sold, your information will become the property of the new plastic surgeon.
- Except as described above, this practice will not use or disclose your health information without your prior written authorization.
- You may request in writing that we not use or disclose your health information as described above. We will let you know if we can fulfill your request.
- You have the right to know of any uses or disclosures we make with your health information beyond the above normal uses.
- As we will need to contact you from time to time, we will use whatever address or telephone number you prefer.
- You have the right to transfer copies of your health information to another practice. We will mail your files for you.
- You have the right to see and receive a copy of your patient health information. Give us a written request regarding the information you want to see. We may charge you a reasonable fee for the copies.
- You have the right to request an amendment or change to your health information. Give us your request to make changes in writing. If you wish to include a statement in your file, please give it to us in writing. We may or may not make the changes you request, but will be happy to include your statement in your file. If we agree to an amendment or change, we will not remove nor alter earlier documents, but will add new information.
- You have the right to receive a copy of this notice.
- If we change any of the details of this notice, we will notify you of the changes in writing.
- You may file a complaint with the Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F, Washington, DC 20201. You will not be retaliated for filing a complaint. However, before filing a complaint, or for more information or assistance regarding your health information privacy, please contact our Privacy Officer at 303/443-2277. This notice goes into effect as of April, 2003

ACKNOWLEDGEMENT: *I have received a copy of Boulder Plastic Surgery Prof., LLC and IV Seasons Skincare Notice of Privacy Practices.*

Signed

Print Name

____/____/____
Date

If signing as a parent or guardian, please note the name of the patient _____