

HUGHES CENTER FOR AESTHETIC MEDICINE
1765 S. SPRINGDALE ROAD, SUITE B-2
CHERRY HILL, NJ 08003

GENERAL PATIENT INFORMATION and SKIN CARE QUESTIONNAIRE

Todays date: _____
Name : _____ Date of Birth : _____ (Age) _____
Address : _____ Social Security #: _____
City/State/Zip : _____ Cell Phone : () _____
Home Phone : () _____ Business Phone: () _____
Email Address _____
Occupation: _____ Spouses Occupation _____
Marital Status: M S D W Gender: Male Female Do you have children: Yes No
Primary Care Physician: _____ Phone() _____
FULL Reason for your Consultation: _____

Who referred you to us : _____
Have you seen a dermatologist? Yes No
If yes, name and address: _____
Please list any previous COSMETIC SURGERY, Doctors Name: _____ None

Medications & Dosage: (Include over the counter medication) None or please list: _____

Drug Allergies (Please list allergic reaction): _____

Have you ever had: Hepatitis B: Yes No Hepatitis C: Yes No HIV: Yes No
Do you suntan? Yes No Do you use sunscreen? Yes No
Please name the brand of products you are currently using:
Cleanser _____ Toner _____ Scrub _____
Moisturizer _____ Mask _____ Other _____
Have you ever used Retin-A? Yes No If yes, what strength
? _____
Have you ever been treated with Phenol or Trichloroacetic? Yes No
Have you ever used Hydroquinone? Yes No
Have you ever been on Accutane? Yes No If yes, when ? _____
Have you ever had herpes, hives, cold sores, fever blisters or keloids? Circle if any apply
If yes to any of the above, please state when and describe : _____
Would you characterize you skin as: Sensitive Tough Dry Oily
If you had any complaints about your skin, what would it be? _____
Describe your skin in three words : _____
Any additional comments? _____

Do you smoke? Yes No If yes, how many per day? _____
In Case of Emergency (REQUIRED):
1. Name: _____ Relationship: _____
Address & Telephone: _____

Do we have permission to leave a message on your machine and/or with family members? yes no

PLEASE SIGN: _____

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY

Uses and Disclosures

Treatment. Your health information may be used by staff members or disclosed to other health care 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.

Payment. Your health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, or from credit card companies that you may use to pay for services provided, and the medical condition being treated.

Health Care Operations. Your health information may be used as necessary to support the day-to-day activities and management of Hughes Center for Aesthetic Medicine. For example, information on the services you received may be used to support budgeting and financial reporting and activities to evaluate and promote quality.

Law Enforcement. Your health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government mandated reporting.

Public Health Reporting. Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department

Other uses and disclosures require your authorization. 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 to revoke your authorization.

Additional Uses of Information

Appointment reminders. Your health information will be used by our staff to send you appointment reminders.

Information about treatments. Your health information may be used to send you information that you may find interesting on the treatment and management of your medical condition. We may also send you information describing other health related products and services that we believe may interest you.

Fund Raising. Unless you request us not to, we will use your name and address to support our fund raising efforts. If you do not want to participate in fund raising efforts, please check off the following box.

Please do not use my information for fund raising purposes.

Individual 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 copy your protected health information
- The right to amend or submit corrections to your protected health information
- The right to receive an accounting of how and to whom your protected health information has been disclosed
- The right to receive a printed copy of this notice

(Over)

Hughes Center for Aesthetic Medicine Duties

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices.

We also are required to abide by the privacy policies and practices that are outlined in this notice.

Right to Revise Privacy Practices

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. Upon request, we will provide you with the most recently revised notice on any office visit. The revised policies and practices will be applied to all protected health information we maintain.

Requests to Inspect Protected Health Information

You may generally inspect or copy the protected health information that we maintain. As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting Jean Mulhall or Kristina Place, our Privacy Official. Your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny the request.

Complaints

If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to:

Hughes Center for Aesthetic Medicine
1765 South Springdale Road, Suite B-2
Cherry Hill, NJ 08003

Acknowledgement of Receipt of Notice of Privacy Practices

Hughes Center for Aesthetic Medicine reserves the right to modify the privacy practices outlined in the notice.

Signature

I have received a copy of the Notice of Privacy Practices for Hughes Center for Aesthetic Medicine

Name of Patient (Print or Type)

Signature of Patient

Date

Signature of Patient Representative
(Required if the patient is a minor or an adult who is unable to sign this form)

Hughes Center for Aesthetic Medicine Duties

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices.

We also are required to abide by the privacy policies and practices that are outlined in this notice.

Right to Revise Privacy Practices

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. Upon request, we will provide you with the most recently revised notice on any office visit. The revised policies and practices will be applied to all protected health information we maintain.

Requests to Inspect Protected Health Information

You may generally inspect or copy the protected health information that we maintain. As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting Jean Mulhall or Kristina Place, our Privacy Official. Your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny the request.

Complaints

If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to:

Hughes Center for Aesthetic Medicine
1765 South Springdale Road, Suite B-2
Cherry Hill, NJ 08003

Acknowledgement of Receipt of Notice of Privacy Practices

Hughes Center for Aesthetic Medicine reserves the right to modify the privacy practices outlined in the notice.

Signature

I have received a copy of the Notice of Privacy Practices for Hughes Center for Aesthetic Medicine

Name of Patient (Print or Type)

Signature of Patient

Date

Signature of Patient Representative
(Required if the patient is a minor or an adult who is unable to sign this form)