



REGISTRATION FORM (please print)

PATIENT

First Name: _____ Middle: _____ Last: _____ Date of Birth: _____

Referred By: _____ Primary Care Physician (PCP): _____

Email: _____ Name for email: _____

If you would you like to receive emails about our monthly cosmetic promotions and flash sales sign up on our website at www.drmarthastewart.com

Would you like to learn more about the skin care products and cosmetic procedures that we offer? YES or NO

If YES, we offer a complimentary skin care consultation with our aesthetician. Please schedule at the front desk if you are interested.

If you have Medicare:

Have you seen your PCP in the last 6 months? _____ YES _____ NO

PERMISSION TO DISCUSS INFORMATION

Do you give our office permission to discuss your medical information (i.e. all health information, appointments, your medical condition, treatment, test results, prescriptions) with a family member?

(Please initial one) YES _____ NO _____

If YES, please provide the following information:

Name: _____ Relationship: _____ Phone#: _____

By providing my signature below, I acknowledge that all information I have submitted on this form is correct.

Signed By: Patient or Legal Guardian, if a minor

Date

OFFICE POLICIES

BILLING AND INSURANCE: It is your responsibility to know and understand your insurance plan's policies. There are a number of different insurance plans and each one has its own unique reimbursement policies. It is your responsibility to notify us of any special requirements within your plan. We accept most insurance plans and will file all claims, including secondary insurance, to the plans with which we participate.

All co-payments and deductibles are collected at the time of service. If you have not met your deductible, we require that you pay a percentage of the contracted fee amount at the time of service. You will receive a bill for the remaining balance. It is important to understand that most insurance companies consider all procedures (i.e. freezing warts, biopsies, etc.) applicable to your surgery deductible (if you have one). If your insurance company denies your bill, you will be held financially responsible. If you have no insurance or if you are having a cosmetic procedure done, the fees will be collected in full at the time of service. If your insurance changes, it is your responsibility to notify our office at least 24- hours before your appointment to make sure we are a provider. Failure to do so may result in needing to reschedule your appointment and a \$35 cancellation fee.

You may receive a separate bill for any laboratory tests or pathology services that Dr. Stewart, Dr. Gioe or Dr. Davis may order.

PAYMENT: We accept the following forms of payment: personal check, cash, MasterCard, Visa, American Express, and Discover.

RETURNED CHECK FEE/COLLECTIONS: There will be a \$35.00 charge for all returned checks. If it is necessary to collect unpaid fees for services rendered, you will be responsible for the charges assessed by the collection service, legal counsel, or court.

UNACCOMPANIED MINORS: At all initial visits, minors must be accompanied by a parent or legal guardian. Thereafter, if a minor is attending an appointment without a parent, payment is still expected at the time of service. Please provide written consent for all unattended minors - [Parental Permission Form for Minors](#).

LATE POLICY: Our physicians and staff strive to be on time. In order to help our office run smoothly, we ask that you do the following: If you are running more than 15 minutes late, please call to let us know as we may need to reschedule your appointment.

MISSED APPOINTMENTS: If you need to cancel or reschedule an appointment, we kindly request that you give our office 24-hour notice. If we do not receive 24-hour notice, there will be a cancellation fee billed to the patient or responsible party. This fee will be waived with the first occurrence. Thereafter, the cancellation fees are as follows: \$35 for a regular appointment and \$75 for all surgery, filler, Botox, or advanced service appointments. Please note: Patients who continually miss their appointments without giving proper notice to our office staff will be discharged from the practice after the third violation.

GIFT CERTIFICATES

- Gift Certificates **MUST** be present at the time of service.
- Gift Certificates are nonrefundable and nontransferable.
- Gift Certificates can only be used for cosmetic services/procedures.
- Martha E. Stewart, MD, LLC is not responsible for lost or stolen Gift Certificates.
- Gift Certificates are valid for one year from the date of purchase.

HAVE A QUESTION? We request that any medical correspondence, including prescription refill requests, be through our **patient portal**. The portal keeps your personal health information secure and private. You can easily access your portal at the top of our website under "**Patient Portal**." Use your login information that you received at your visit. If you do not have this information please contact our office at 985-727-7701 and one of our staff members can assist you with your login. If you are a new patient you will be given access and login information at your office visit.

I have read and understand the financial policy of the practice and I agree bound by its terms.

Signature of Patient or Responsible Party

Print Name

Date

ACKNOWLEDGEMENT OF RECEIPT OF NONDISCRIMINATION POLICIES AND NOTICE OF PRIVACY PRACTICES

By providing my name below, I hereby acknowledge that I have reviewed the Nondiscrimination Policies, Privacy Policies regarding our Website and Messaging, and Notice of Privacy Practices, describing the privacy practices and safeguards as well as my rights with respect to my protected health information maintained and used by Martha E. Stewart, M.D., L.L.C. I agree to receive occasional text message appointment reminders from Martha E. Stewart, M.D., L.L.C. Message frequency will vary and data rates may apply. I understand that I can opt out at any time by replying 'STOP' to any message.

By providing my name below, I hereby declare that I have honestly and completely answered the questions that were asked in this form to the best of my knowledge. I understand that it is my responsibility to notify Dr. Martha E. Stewart, Dr. Olivia A. Gioe, Dr. Harley Davis and/or the staff of Martha E. Stewart, MD, L.L.C of any changes in insurance coverage, personal information, my medical condition, or medication during the course of my treatments or follow-up visits.

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize Martha E. Stewart, M.D., L.L.C., or any holder of medical information about me to release to the Health Care Financing Administration and its agents (Medicare) or Insurance Companies or Third Parties, any information needed to determine these benefits or the benefits payable for related services.

ASSIGNMENT OF BENEFITS

I request that authorized Medicare or Insurance payments of medical benefits be made to Martha E. Stewart, M.D., L.L.C.

GUARANTOR RESPONSIBILITY

I understand that I am ultimately responsible for payment of any and all charges for medical services rendered by Martha E. Stewart, M.D., L.L.C, and if this assignment is rejected, modified, or not paid within a reasonable time after it has been filed, it will be my responsibility to pay any unpaid charges in full. If it is necessary to collect unpaid fees for services rendered, I agree to pay the charge assessed by the collection service, legal counsel or court.

I agree that a photocopy of this form may be used in lieu of the original.

By providing my signature below, I acknowledge that all information I have submitted on this form is correct.

Signed By: Patient or Legal Guardian, if a minor

Date

Print Name

Date

Nondiscrimination Notice
Martha E. Stewart, M.D., L.L.C.

Martha E. Stewart, M.D., L.L.C. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, religion, or sex (including pregnancy, sexual orientation, and gender identity). Martha E. Stewart, M.D., L.L.C. does not exclude people or treat them differently because of race, color, national origin, age, disability, religion, or sex (including pregnancy, sexual orientation, and gender identity).

Martha E. Stewart, M.D., L.L.C.

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)

- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services contact our office manager, Kim Guidroz, at 985-727-7701.

If you believe that Martha E. Stewart, M.D., L.L.C. has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Kim Guidroz
Office Manager
4060 Lonesome Road
Mandeville, LA 70448
Phone: 985-727-7701
Fax: 985-727-7375
Email: kguidroz@ms-derm.com

You can also file a grievance with the U.S. Department of Health and Human Services, Office of Civil Rights, electronically through the Office of Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Notice of Privacy Practices

Martha E. Stewart, M.D., L.L.C.

This notice describes how information about you may be used and disclosed and how you can get access to this information. Please review it carefully. At the office of Martha E. Stewart, M.D., L.L.C., we are committed to treating and using protected health information about you responsibly. This Notice of Health Information Practices 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 protected health information. This Notice is effective April 14th, 2003 and applies to all protected health information as defined by federal regulations.

Understanding Your Health Record/Information

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication among the many health professionals who contribute to your care
- Legal document describing the care you received
- Means by which you or a third-party payer can verify that services billed were actually provided
- A tool in educating health professionals
- A source of data for medical research
- A source of information for public health officials charged with improving the health of the nation
- A source of data for facility planning and marketing
- A tool by which we can assess and work to improve the care we render and outcomes we achieve

Understanding what is in your record and how your health information is used helps you to:

- Ensure its accuracy
- Better understand who, what, when, where, and why others may access your health information
- Make more informed decisions when authorizing disclosure to others

Examples of Disclosures we May Make

We will use your health information for **Treatment, Payment and Health Operations**. For example: Information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment. Communication of your health record between your physician and various hospital healthcare providers is also routine, to ensure continuity of care between providers. We will use your health information for payment. For example: A bill may be sent to you or a third-party (insurance) payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used. We will use your health information for regular health operations. For example: Members of the medical staff, the risk manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

Other Permitted or Required Uses and Disclosures

Business associates: There are some services provided in our organization through contracts with business associates. Some examples of business associates we may use are: physician services in the emergency department and radiology, certain laboratory tests, physician billing companies, and copy services we may use when making copies of your health record. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, of your location, and general condition.

Communication with family: Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care. We may also notify you of upcoming appointments via mail or by leaving an answering machine message.

Research: We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

Funeral directors: We may disclose health information to funeral directors consistent with applicable law to carry out their duties.

Organ procurement organizations: Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Marketing: We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Fund raising: We may contact you as part of a fund-raising effort.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Workers compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Correctional institution: Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

Law enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena. Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

Government Agencies: We may be required by applicable law to disclose health information to federal and state regulatory agencies during review processes by those agencies.

Our Responsibilities

Our office is required to:

- Maintain the privacy of your health information
- Provide you with a notice as to our legal duties and privacy practices
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will provide you with a copy of the revised notice at your next visit, or upon request. We will not use or disclose your health information without your authorization, except as described in this notice.

Your Health Information Rights

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have the right to:

- Request a restriction on certain uses/disclosures of your information as provided by 45 CFR 164.522
- Obtain a paper copy of the notice of information practices upon request
- Inspect and obtain a copy of your health record as provided for in 45 CFR 164.524
- Request amendments to your health record as provided in 45 CFR 164.528
- Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528
- Request communications of your health information by alternative means or at alternative locations
- Revoke your authorization for future use or disclosure of your health information

For More Information or to Report a Problem

If you have questions and would like additional information, you may contact our privacy officer at our practice at 985-727-7701. If you believe your privacy rights have been violated, you can file a complaint with our privacy

Martha E. Stewart, MD, LLC
4060 Lonesome Rd.
Mandeville, LA 70448
(985)727-7701

PRIVACY POLICY REGARDING OUR WEBSITE AND MOBILE MESSAGING

Our Practice takes your privacy seriously, and we want you to know how we collect, use, share, and protect your information when you visit our website or use our related mobile applications or opt-in for messaging.

Please note this **Privacy Policy** ("Privacy Policy") does not apply to Protected Health Information (PHI) that is subject to privacy regulations published under the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA). We separately address how your PHI is handled in our Notice of Privacy Practices, which is available at each office location (or online).

The information contained in this document does not constitute medical or healthcare advice for any individual problem. It is not a substitute for medical or other professional advice and services from a qualified healthcare provider familiar with a patient's unique facts. Individuals with health concerns should always consult a healthcare provider for any health problem or medical condition, and/or prior to the start of any new treatment.

Collection of Personal Information You Submit

When you use our website or messaging service, we may use the personal information that you voluntarily provide to us when you submit an inquiry or register for an event. By doing so, you are giving our practice your permission to use the information for the stated purpose. If you choose to provide us with personal information, including completing a web form or sending us an email or message, we will use that information to help us provide you the information or service you have requested or respond to your message.

The information we may receive from you varies based on what you do when visiting our website or using our messaging service. This personal information may include your:

- Name/Email address/Telephone number/Zip code
- Any other details you voluntarily choose to submit. The amount of information you provide is completely voluntary; however, providing less information might limit a user's ability to access all of the website or messaging features.

Automatically Collected Information

In addition to the personal information you voluntarily submit to us, our practice and its vendors use analytics tools and other third-party technologies to collect certain information automatically when you use our website or our messaging services. We collect and analyze this information because it helps us to better design our services to suit your needs. This information may include:

- The Internet domain from which you access the website
- The date and time you accessed this website.
- The Internet Protocol (IP) address (a unique number for each computer connected to the Internet) from which you access this website.
- The type of browser (e.g., Firefox, Internet Explorer, Chrome) used to access this website.
- The Universal Resource Locators (URLs), or addresses, of the pages you visit.
- Your name, email and phone number if provided

For example, we use a third-party analytics service provider that uses cookies to support the operation and performance of our website and to analyze visitor interactions on our website. A cookie is a small file that a website transfers to your computer to allow it to remember specific information about your session while you are connected. The information generated by the cookie about your use of our website will be transmitted to and stored by this service provider and is not personally identifiable.

Most web browsers are initially set up to accept cookies. If you do not wish to have cookies stored on your device, you can **turn cookies off**. The federal government shares online instructions how to opt out of various types of cookies in popular desktop and mobile browsers, and Google Analytics and Google Demographic and Interest reports at <https://www.usa.gov/optout> instructions. Please note that certain features of our website might not function if you delete or disable cookies.

Use of Personal Information

Our Practice uses information obtained via our website to educate and inform users about our practice and the communities we serve, and for other compatible purposes, such as responding to your inquiries, facilitating and improving your online experience, and maintaining the security and integrity of our website and messaging services.

For example, if you provide your email address so you can receive emails about a particular activity or topic, we may send you information about other activities or topics we believe are compatible with your request. If you wish to stop receiving such promotional communications from us, you may use the “unsubscribe” link included in our emails to opt out. If at any time you want to opt-out of receiving text messages from our practice, you may just reply STOP to opt out of SMS messages. Please note that we may still send you transactional and administrative emails/texts even if you opt out of promotional communications. Other examples of how we may use information obtained include to:

- Provide you with information, items, or services, or to process transactions that you requested or agreed to receive.
- Communicate with you, including responding to inquiries that you submitted, and/or emailing, calling, or texting you in accordance with your preferences and subject to your consent, where required by law.
- Process your registration for events, newsletters, and on pages that require registration, including as necessary for authentication and verification purposes.
- Manage and administer our website, including maintaining user accounts.
- Create new service offerings, personalize and optimize your experience on our website, or to suggest specific content that may be most relevant to you.
- Prevent unauthorized, improper, fraudulent, or illegal activities on our website.

As a general policy, we use personal information and user data for internal purposes only. We do not sell or rent information about you. We will not disclose personal information regarding text messaging opt-in or message data to third parties.

Information Security

Our practice has implemented reasonable and appropriate security measures to help safeguard your personal information against unauthorized or illegal access, destruction, use, loss, modification, or disclosure.

Although we follow reasonable procedures to safeguard information, transmission via the Internet is not completely secure, and it is impossible for our practice to completely guarantee that user data will be immune from malicious attack or compromise. Users of our website and messaging should understand that their transmission of personal or user data is always at their own risk.

Storage and Maintenance of User Data in the United States

Our practice collects and stores all user data domestically; therefore, your information will be subject to the laws of the United States, regardless of the country from which your data originates.

Links to Other Websites

Our website may include links to other websites whose privacy practices may differ from those of our practice. If you submit personal information to any of those websites, your information is subject to their privacy statements. Our Privacy Policy does not apply to information you may submit to those websites. We encourage you to carefully read the privacy statements or policies of any website you visit.

Contact Us If you have any questions, queries, or concerns about this Privacy Policy or our personal information practices, please contact us directly via email or phone. Given the potential security risks associated with email, please use caution when sending any personal information via email. You may contact our privacy officer, Kim Guidroz, at (985) 727 – 7701, or at kguidroz@ms-derm.com