

FOOT AND ANKLE CARE OF BOULDER COUNTY

PATIENT INFORMATION FORM

DATE:

PATIENT NAME: DATE OF BIRTH: AGE:
LAST, FIRST, MI

HOME ADDRESS:

CITY/STATE: ZIP:

MAY WE LEAVE A MESSAGE AND SEND APPOINTMENT REMINDERS?

HOME PHONE #: Yes No

WORK PHONE #: Yes No

CELL PHONE #: Yes No

E-MAIL: Yes No

PRIMARY LANGUAGE: SHOE SIZE: WEIGHT:

GENDER:

DO YOU HAVE A LEGAL GUARDIAN OR HEALTHCARE POWER OF ATTORNEY?

Yes No

IF YES, NAME:

RELATIONSHIP: PHONE #:

EMERGENCY CONTACT

NAME:

RELATIONSHIP: PHONE #:

IS THERE A FAMILY MEMBER OR OTHER PERSON YOU WOULD LIKE FOR US TO SHARE YOUR MEDICAL INFORMATION?

Yes No

IF YES, NAMES:

WHO REFERRED YOU TO US?

FOOT AND ANKLE CARE OF BOULDER COUNTY

INSURANCE AND PAYMENT INFORMATION

PATIENT NAME: DATE OF BIRTH:

PRIMARY INSURANCE COMPANY NAME:
ADDRESS:
CITY/STATE: ZIP:
PHONE #:
INSURED NAME:
DATE OF BIRTH:
EMPLOYER:
CONTRACT #
GROUP #

SECONDARY INSURANCE COMPANY NAME:
ADDRESS:
CITY/STATE: ZIP:
PHONE #:
INSURED NAME:
DATE OF BIRTH:
EMPLOYER:
CONTRACT #
GROUP #

FOOT AND ANKLE CARE OF BOULDER COUNTY

HIPAA - Patient Consent of Information

PATIENT NAME: DATE OF BIRTH:

Foot and Ankle Care of Boulder County, in order to comply with the HIPAA Privacy Regulation, requires an authorization from the patient before detailed messages are left for the patient. This policy is to protect the privacy of the patient and to protect the physicians and staff of Foot and Ankle Care of Boulder County from violating the patient's confidentiality. If there is not a signed consent on file, physicians and staff will only leave their name and telephone number on an answering machine, voicemail or with a live person answering the phone requesting the patient to return the call.

By completing the consent below, you are allowing Foot and Ankle Care of Boulder County's physicians and its staff to leave a message on an answering machine, voicemail or with a specified individual. You may specify what information is left and with whom by noting the information on the bottom of this form. By signing, you are also consenting to the mailing or faxing of any results, requested by you, to your primary care physician or another physician involved in your care.

I give my consent to Foot and Ankle Care of Boulder County's physicians and staff to leave a message regarding scheduling, treatment, surgery, lab or radiology results, or other information as necessary (check all that apply):

- on an answering machine or voicemail at home or cell phone
- on an answering machine or voicemail at work
- with relationship
- with relationship

I do not consent to messages being left at home, work or with any other person. I wish to be contacted directly.

Patient's Name

Date of Birth

Patient's Signature

Date

Witness

Date

HIPAA – Notice of Privacy Practice Acknowledgement

- I have been provided a copy of Foot and Ankle Care of Boulder County's Notice of Privacy Practice.
- I have declined a copy of Foot and Ankle Care of Boulder County's Notice of Privacy Practice.

Patient Signature _____ **Date** _____

FOOT AND ANKLE CARE OF BOULDER COUNTY

**Cancellation Policy/No Show Policy
For Doctor Appointments and Surgery**

Cancellation/ No Show Policy for Doctor Appointment

We understand that there are times when you must miss an appointment due to emergencies or scheduling conflicts. However, advance notice allows us to fulfill other patient's scheduling needs and keeps the practice operating at its most efficient level. This policy is in place out of respect for our doctors and our patients. Cancellations with less than 24 hours' notice are difficult to fill. By giving last minute notice or no notice at all, you prevent someone else from scheduling an appointment in that time slot.

If an appointment is not cancelled at least 24 hours in advance you will be charged a fifty-dollar (\$50) fee; this will not be covered by your insurance company.

Scheduled Appointments

We understand that delays can happen however, we must try to keep other patients and doctors on time.

If a patient arrives 15 minutes past their scheduled appointment time, we may have to reschedule the appointment.

Cancellation/No Show Policy for Surgery

Due to the large block of time needed for surgery and the time it takes to prepare surgery documents, last minute cancellations can cause problems and added expenses for the office.

If surgery is not cancelled at least 14 days in advance you will be charged a five hundred-dollar (\$500) fee; this will not be covered by your insurance company.

I have read, understand, and agree to abide by the policy above:

Patient name (Printed)	Patient/Guardian Signature	Date
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