

Registration

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to be completed by applicant, parent, guardian or assistant

Applicant _____ age ___ sex ___ birth date _____
address _____ city, state, zip _____
cell _____ work _____ home _____
eMail _____ fax _____ best time to call: home _____ work _____
preferences: **any** contact is OK -or- **HOME** no calls no messages no faxes **WORK** no calls no messages no faxes
employer/school _____ job/grade _____
street address _____ city, state, zip _____
referred by _____ phone _____
personal physician _____ phone _____

Primary contact _____ relationship _____
address check if same as above: _____ city, state, zip _____
cell _____ work _____ home _____
eMail _____ fax _____ best time to call: home _____ work _____
preferences: **any** contact is OK -or- **HOME** no calls no messages no faxes **WORK** no calls no messages no faxes
employer/school _____ job/grade _____
address _____ city, state, zip _____

Secondary contact _____ relationship _____
address check if same as above: _____ city, state, zip _____
cell _____ work _____ home _____
eMail _____ fax _____ best time to call: home _____ work _____
preferences: **any** contact is OK -or- **HOME** no calls no messages no faxes **WORK** no calls no messages no faxes
employer/school _____ job/grade _____
address _____ city, state, zip _____

- I request initial consultative services for myself, my family, my client and/or my dependent. I understand that this consultation does not initiate a doctor/patient relationship and may result in a referral, report, discharge or consultation with a third party.
- If applying for a minor, I certify that I have the legal right to obtain consultation, evaluation and/or treatment.
- My permission for this service and/or release of information can be revoked at any time.
- I understand that I am responsible for the charges incurred for these services unless a specific payor (person, third party or agency) arranged for payment in advance. (Designate agency below). We do not accept assignment of benefits from private insurers.
- I read and understood the Privacy Policy and Practice Information documents provided.

Please specify payor: myself third party _____

Responsible party _____ date _____

Privacy Practices

This document describes the information processes and protections of this practice. You should know how we conduct our practice and assure your privacy.

Prescribing

Certain prescriptions require an original for each fill, such as most ADD medications. Others require a new prescription after the 6 refills, such as anti-anxiety medications. Some can be filled, after shown to be safe and effective, for up to a year. We prepare your original prescription on a word processor and hand it to you, usually with prescribing and risk information attached. For refills, your pharmacy will fax us a form to complete. We receive and return these forms to them through fax by way of gmail and HelloFax, a paperless method that replaces a fax machine. Prescriptions and protected pharmacy information on paper does not float around this office. Prescribing and all medical information are digitalized and are stored in password protected computers on a dedicated password protected network.

Invoices and payments

The practice uses QuickBooks in a dedicated local cloud server to track services and prepare invoices. We send invoices by email (gmail) to the payor. We produce diagnostic and service codes for you on the invoice for you to submit for insurance reimbursement, but we don't accept assignments of payments to the insurance companies. The invoice should help you to get the benefit allowed by your insurance. Payment at time of service is expected unless other arrangements are made and approved by Dr. Roitman. We accept cash, checks, Amex, MasterCard or Visa.

Communications

We ask your permission to phone, text, email, fax, FaceTime or (when prearranged) Skype you or your family member with the understanding that Skype, and metadata on emails, may not be 100% secure. The degree of security is just like that you have for your private home operations.

Medical records

We produce your record on an Apple Word processor (Pages) that most computers can't open, so if they are sent accidentally, almost never able to be opened. They are produced and stored in a cloud server (Dropbox) which has encrypted storage. Although the metadata (file names) could theoretically be detected during transmission to storage, no contents is at risk. This is similar to gmail. We have looked at alternative sites and dedicated servers, but the degree of risk is so small, and the advantage of using universal digital tools and software like these, the decision was to stick with these services. We send record requests by converting the word processing document to PDFs and then send by HelloFax.

Storage and Archives

There are no paper records in the office. The server keeps an archive of every document produced including changes and additions over time. In addition, we use Time Machine backs up for files on a hard drive at a distant location that refreshes on an hourly basis. This drive is encrypted and password protected so it can't be stolen and broken into. Time Machine archives the original and versions of each file. All paper records received or produced elsewhere are scanned. Hard copies are retained for a month under lock and key, and then shredded. We don't destroy digitalized files so your medical record is accessible in case you need it in the future. Old records have been scanned and stored in PDF format.

Medical record content

Proper medical records only track the diagnostic information necessary to guide treatment, such as observations about the effect of medications and their side effects, assessment of other interventions, referrals, labs and future planning. They should document a doctor's reasoning underlying the choice of treatments. The greatest protection against invasion of privacy is selective recording of information, eliminating that which is not relevant to the medical treatment. The practice avoids documenting the names of other people in a patient's file or complicated interpersonal issues. We don't record particulars about conflicts such as who said what to whom. Wishes and fears are recorded only about their pertinence to treatment. Other desires or other personal, private thoughts do not get recorded unless it is necessary to document risks or benefits of treatment.

Routinely information in the records contain whether the patient showed up, what their feeling tone has been in general, examples of improvement or set backs, target behaviors and observations related to medical and psychiatric treatments. Results to date, plans, side effects, prescriptions and informed consents are what they contain. Personal, libelous or embarrassing content not relevant to treatment, especially that which could harm a party, are not recorded. Just as a surgeon records the size, depth and complications of a laceration, and does not describe the person who stabbed them or what the fight was about, psychiatry, as any medical speciality, is concerned with signs and symptoms of disorders. It is not necessary to record beyond the psychiatric injury except concerning how it was produced and how it can be mitigated.

Information releases

The government has a right to records under conditions such as terrorism threat, emergencies, etc and the Board of Medical Examiners may request records to determine whether a doctor is conducting their practice appropriately. Records are released in case of medical emergencies. Courts can order the release for a variety of reasons, and your insurer will ask to review them if you use your insurance. You may request a release to another provider or ask for a copy yourself at any time. Unless the record is judged to possibly psychologically injure you, it will be released. We think that your record should be accountable and transparent and every entry is chosen with forethought and your privacy in mind.

Online services

Gmail is our email program and is SSL secure and HIPAA compliant. Skype is not complaint and we would need your permission to use it for distant services. We have access to Apple's FaceTime which is HIPAA compliant. Phone sessions are an option. Phones have their limits too, but have always been accepted, as have faxes. Texting is convenient for recording instructions for medication use and provides both parties with a written record about risk and benefit and in this way is superior to voice communications for certain communications. The practice uses an iPhone that is password protected as are all 5 computers on the network. If there is frequent or extensive use of online services, the practice may issue a charge commensurate with the time spent, inconvenience, the urgency of a service or the delivery of therapeutic services off hours. Normally a simple communication or required task is not a chargeable item. When the online service is substituting for outpatient, in office service a charge may be issued.

In summary

HIPAA privacy regulations and standard electronic health records are mostly designed for major health care organizations with many personnel and employee turnover, who could be targets from a variety of sources. They are major financial targets as well. They have complicated computers systems and billing software. Healthcare companies are required to have compliance offices, audits and signed forms, and quality assurance systems. As a small solo practitioner, it is not possible to keep up with changing rules and multilayered requirements. We don't think it is feasible a very small private practice like ours to be compliant the way major health care organizations have to be. If any party is intent on invading your privacy they will find a way around the basic HIPAA regulation anyway. In our estimation, this disclosure meets the intent of HIPAA privacy regulations and we are confident in our safety and privacy protection. The practice has always been respectful and based its processes on traditional medical values of total privacy. If you need additional safeguards please let us know and we will accommodate you.

I have read this Privacy Practices document regarding communications, privacy standards, medical records, information storage, prescribing and invoicing. By signing below I signify that I've had the opportunity to discuss them and I accept the Privacy Practices above. I am informed about how this office manages practice information systems and give my consent.

Responsible party

date

Witness

date