

# PATIENT INFORMATION

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### YOUR CONTACT INFORMATION:

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE CONTACT: PREFERRED: \_\_\_\_\_ (HOME OR CELL?)

ALTERNATE: \_\_\_\_\_ (WORK, HOME OR CELL?)

WHERE DO YOU PREFER MESSAGES BE LEFT? \_\_\_ WORK \_\_\_ HOME OR \_\_\_ CELL?

### EMERGENCY CONTACT INFORMATION:

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

Payment is expected at the time of your visit unless other arrangements have been made. I do not file with insurance directly, but will provide you with a statement with the necessary information for you to file. Payment can be made by cash, check or credit card, including an HSA card. Because I do not communicate with third-party payers, I am not covered by HIPAA rules. That said, I follow HIPAA guidelines in terms of maintaining privacy and allowing patients access to their medical record with me. Please ask if you would like to discuss my privacy policies further. I use an electronic medical record (EMR) system that is HIPAA approved. I also periodically do a systematic risk analysis for privacy and security as required by HIPAA.

I can send you a reminder of your appointment via email, text or both via my EMR. If you must cancel an appointment, please let me know as soon as possible. 24-notice of cancellation is sufficient to avoid a charge of \$80.

Signature below indicates that you have read and agree with the above. Thank you.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_/\_\_\_/\_\_\_