



MICHAEL J. BROWN, M.D., PLLC

Aesthetic Cosmetic Plastic Surgery

In order for our office to best prepare for your visit, please complete the information below and bring this form with you on the day of your consultation.

PATIENT INFORMATION

Confidential Information: The information herein will not be released except when you have authorized us to do so. This information will be used by the doctors in their decisions regarding your care.

Today's date: _____

Patient's Name: _____

Parent or Guardian's Name (for minors): _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Numbers: Home: _____ Cellular: _____ Work: _____

E-mail address: _____ please check: okay to use please do not use

Date of Birth: _____ Age: _____ Height: _____ Weight: _____ Male Female

Marital Status: Single Married Widowed Divorced Separated

Social Security Number: _____

Emergency Contact Name: _____

Telephone: Home: _____ Cellular: _____ Work: _____

Employer (if patient is a minor, parent's place of employment): _____

Employer Address: _____ Telephone: _____

Referring Physician (or source of reference): _____

Physician Address: _____ Telephone: _____

Family Physician's Name: _____

Address: _____ Telephone: _____

Dermatologist's Name: _____

Address: _____ Telephone: _____

Your health is of extreme importance to us. The more we know about you, the better we can assist you. Please complete the information on the following pages as completely as possible.

What brings you to our office? Please be as specific as possible. _____

How long has this concerned you? _____

Have you had any previous treatment for this? _____

If YES, how and when was this treated? _____

Review of systems:

Do you have or have you had any of the following? *(Please check yes or no)*

	YES	NO		YES	NO
AIDS or HIV positive	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>
Anemia	<input type="checkbox"/>	<input type="checkbox"/>	High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	Irregular heart beat	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Kidney problems	<input type="checkbox"/>	<input type="checkbox"/>
Back problems	<input type="checkbox"/>	<input type="checkbox"/>	Migraine headaches	<input type="checkbox"/>	<input type="checkbox"/>
Blood clots in legs	<input type="checkbox"/>	<input type="checkbox"/>	Nervous breakdown	<input type="checkbox"/>	<input type="checkbox"/>
Blood disorders	<input type="checkbox"/>	<input type="checkbox"/>	Nose/throat problems	<input type="checkbox"/>	<input type="checkbox"/>
Bleeding problems	<input type="checkbox"/>	<input type="checkbox"/>	Pneumonia	<input type="checkbox"/>	<input type="checkbox"/>
Breathing problems	<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric condition	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatic fever	<input type="checkbox"/>	<input type="checkbox"/>
Chest pains	<input type="checkbox"/>	<input type="checkbox"/>	Seizures	<input type="checkbox"/>	<input type="checkbox"/>
Colitis	<input type="checkbox"/>	<input type="checkbox"/>	Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Skin cancer	<input type="checkbox"/>	<input type="checkbox"/>
Ear/eye problems	<input type="checkbox"/>	<input type="checkbox"/>	Stomach problems	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	Stroke	<input type="checkbox"/>	<input type="checkbox"/>
Heart problems	<input type="checkbox"/>	<input type="checkbox"/>	Thyroid problems	<input type="checkbox"/>	<input type="checkbox"/>
Heart murmur	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>
Heart palpitations	<input type="checkbox"/>	<input type="checkbox"/>	Transfusion	<input type="checkbox"/>	<input type="checkbox"/>

Past, Family and/or Social History:

List any hospitalizations and/or previous surgery, including dates: _____

Are you allergic to or have you ever had a reaction to any medication or drug; local anesthetic; or general anesthetic? If so, please list medication and type of reaction: _____

Are you now or have you ever taken any medications regularly (aspirin, birth control pills, herbs, vitamins, etc.)?

Currently taking: _____

Previously taken: _____

Do you wear contact lenses? _____

Do you have problems with dry eyes? _____

Do you use wetting drops? _____

If so, how often, and for how long have you been using them? _____

Are you now or have you ever taken a prescription or over-the-counter medication for allergies, stuffiness, difficulty breathing, sinus problems or other nasal problems? If so, please list: _____

Do you currently smoke? Yes No

If yes, how many packs per day? _____ How many years? _____

Have you ever smoked? Yes No

If yes, how many packs per day? _____ How many years? _____

Do you drink alcohol? Yes No

If yes, how much? _____ How often? _____

Do you have any relatives who have had breast cancer? Yes No

If yes, who? _____

Have you ever had a mammogram? Yes No If yes, when was your last one? _____

Have you had exposure to any of the following:

Radiation: Yes No

Excessive sun: Yes No

Do you or a member of your family have difficulty with prolonged bleeding when cut? Yes No

Do you or a member of your family bruise easily? Yes No

Do you have a problem with excessive scarring or keloid formation after being cut? Yes No

Have you or a member of your family ever had a problem with anesthesia? Yes No

Is your general health good? Yes No

Have you ever had psychiatric problems, a nervous breakdown or been under the care of a psychiatrist, psychologist or mental health counselor? Yes No

How did you learn about us? (Please check all statements that apply.)

My friend, _____, told me about Dr. Brown.

My doctor, _____, referred me to this office.

Your location is convenient to my home or office.

I visited your web site.

Web site name: Rejuven8u (yellow) Breast Impants Virginia (pink) Breast Augmentation Virginia (green)

Used search engine: Google MSN Yahoo Other: _____

Keyword searched _____.

Referred by another site: _____.

Thank you for taking the time to complete this information.
Please remember to bring this form with you on the day of your visit.



MICHAEL J. BROWN, M.D., P.L.L.C.

Financial Policies

Cosmetic Patients

The fees quoted for cosmetic surgery are inclusive of the following: Your pre-operative examination, surgical costs, anesthesia, most supplies, and your post-operative visits. Fees for in-office treatments such as Microdermabrasion, BOTOX™, collagen or other filler material, chemical peels, laser hair removal, vascular lasers, and other similar procedures are priced either on a per treatment basis or as a treatment package option. A thirty percent (30%) cancellation fee exists for any of these unused ancillary package procedures, in addition to the charging for the services already rendered. Office treatments are payable in full at the time of your appointment. Reservations may be confirmed with a credit card.

If you elect to have surgery, you may schedule it as soon as you like. This will improve your chances of getting the date that works for you. Surgical fees are due two-weeks prior to surgery. Your time will be held for you until two weeks before your surgery date, without payment. If you have not made your payment before the two-week deadline, your time slot will be given to another patient on the waiting list. If your surgical booking is within 2 weeks of surgery, then payment is to be made by a cashier's or bank check. After booking, there is a thirty percent (30%) non-refundable cancellation fee, if cancellation occurs less than four (4) business days before surgery.

Please complete financial arrangements at least two weeks prior to your surgery date. Patients interested in our financing options should speak with the staff before making surgical arrangements.

Insurance Patients

This office does **not** participate with insurance companies. It is your responsibility to find out, in advance, what your particular plan covers for non-participating providers of your plan. Since we are **not** participating providers in your network, then you are responsible for your bill in its entirety and we will provide you the necessary paperwork and assist you with filing your insurance claim so that you may be reimbursed from your insurance company directly.

Please refer to the back of your card for a contact phone number to get additional information. If we may be of assistance, please contact us. However, it remains your financial responsibility for complete payment if you are seen and/or treated.



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Workman's Compensation Patients

The workman's compensation system requires that you and/or your employer provide the office with your claim number and all necessary information for the office to process your claim. This will avoid any problems with your care delivery and claim processing.

Billing Policy

Non-covered Insurances & Medicare

You are responsible for your office visits and surgical fees. We will provide you with a receipt of your visit, so you may forward this to your insurance company for reimbursement. Some insurance companies pay 100% of the surgical fee, others pay only a percentage. You will be receiving complete, partial or no reimbursement depending on your insurance plan you have.

This office does **not** accept Medicare. Patients are responsible for their fees as described above.

Assignment of Benefits

I, the undersigned, hereby authorize payment of medical and surgical benefits directly to Michael J. Brown, M.D., P.L.L.C.

I, the undersigned, have insurance with _____ and assign directly to Michael J. Brown, M.D., P.L.L.C., all benefits, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize the doctor to release all information necessary to secure the payment of benefits. I authorize the use of my signature on all my insurance submissions.

Signature of insured or responsible party: _____ Date: _____

Statement of Financial Responsibility

I, the undersigned, have read the above and realize that all medical and surgical charges incurred by me or my dependents for services rendered by Michael J. Brown, M.D., P.L.L.C., are my financial responsibility. All court fees or other fees necessary to collect this account are payable by me.

Signature of insured or responsible party: _____ **Date:** _____



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NOTICE OF PRIVACY PRACTICES (HIPAA COMPLIANCE)

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

THIS NOTICE IS FROM MICHAEL J. BROWN, M.D., P.L.L.C., A PROFESSIONAL LIMITED LIABILITY COMPANY.

Michael J. Brown, MD, PLLC provides plastic surgery, cosmetic dermatology, outpatient surgery and related medical aesthetic services. Michael J. Brown, MD, PLLC is committed to maintaining the privacy of health information and to provide patients with a notice of its legal duties and privacy practices. Michael J. Brown, MD, PLLC will not use or disclose private health information except as described in this notice. "Private Health Information" is information about you which was created or received by Michael J. Brown, MD, PLLC and that relates to a past, present or future physical or mental health or condition, or the provision of, or payment for, health care and which could be used to identify the patient.

EXAMPLES OF DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH OPERATIONS. The following categories describe the ways that Michael J. Brown, MD, PLLC may use and disclose private health information without written authorization.

Treatment: Michael J. Brown, MD, PLLC will use health information in the provision and coordination of healthcare. We may disclose all or any portion of private health information, such as medical reports, to attending physicians and other health care providers who have an emergent need for such information in the care and continued treatment of the patient. Michael J. Brown, MD, PLLC also may disclose health information to other people, such as family members, clergy and others who may be directly involved in the patient's care.

Payment: Michael J. Brown, MD, PLLC may release private health information about the patient for the purposes of determining coverage, billing, claims management, private health data processing, and reimbursement. The information may be released to a health plan or health insurer, or a workers compensation or other insurance company responsible for payment of our services, an employer involved in a workers' compensation program, and a third party payer or other entity (or their authorized representatives) involved in the payment of the patient's medical bill, and may include copies or excerpts of the private health record which are necessary for payment of the account. For example, a bill sent to a third party payer may include information that identifies the patient, the diagnosis, and the modalities used, and may include a copy of the medical report.

Health Care Operations: Michael J. Brown, MD, PLLC may use and disclose private health information during routine healthcare operations including, without limitation, utilization review, evaluation of our staff, assessing the quality of care and outcomes in the patient's case and similar cases, internal auditing,

accreditation, certification, licensing or credentialing activities, private health research and educational purposes.

Scheduling and Appointment Reminders: Michael J. Brown, MD, PLLC may use and disclose private health information obtained when scheduling medical or other healthcare services and when it contacts the patient as a reminder of an appointment for services. Michael J. Brown, MD, PLLC may also use and disclose private health information to tell the patient or others of information about treatment alternatives or other health-related benefits and services of possible interest to the patient.

Business Associates: Michael J. Brown, MD, PLLC may use and disclose certain private health information about the patient to business associates. A business associate is an individual or entity under contract with the Michael J. Brown, MD, PLLC to perform or assist Michael J. Brown, MD, PLLC in a function or activity which necessitates access to, or the use or disclosure of, private health information. Examples of business associates, include, but are not limited to, a copy service used by Michael J. Brown, MD, PLLC to copy private health records, consultants, accountants, lawyers, practice management organizations, private health transcriptionists, case managers, marketing and customer service personnel and third-party billing companies. Michael J. Brown, MD, PLLC will attempt to require the business associate to protect the confidentiality of private health information.

Regulatory Agencies: Michael J. Brown, MD, PLLC may disclose private health information to a health oversight agency for activities authorized by law, including, but not limited to, licensure, certification, audits, investigations and inspections.

Law Enforcement/Litigation: Michael J. Brown, MD, PLLC may disclose private health information for law enforcement purposes as required by law or in response to a valid subpoena or court order.

Public Health: Michael J. Brown, MD, PLLC may disclose private health information to public health or legal authorities charged with preventing or controlling disease, injury or disability. For example, Michael J. Brown, MD, PLLC may be required to report the existence of a communicable disease to the Department of Health to protect the health and wellbeing of the general public.

Workers Compensation: Michael J. Brown, MD, PLLC may release private health information to employers, health care providers, examiners, judges, insurance companies, and others with a need to know, in connection with workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

Military/Veterans: Michael J. Brown, MD, PLLC may disclose private health information as required by military command authorities, if the patient is a member of the armed forces.

Required by Law: Michael J. Brown, MD, PLLC will disclose private health information about you when required to do so by law including, without limitation, for judicial or administrative proceedings, to report information related to victims of abuse, neglect or violence, to assist law enforcement officials in their law enforcement duties.

Coroners, Medical Examiners, Funeral Directors: Michael J. Brown, MD, PLLC may release private health information to a coroner or private health examiner. This may be necessary, for example, to identify a deceased person or to determine a cause of death. Michael J. Brown, MD, PLLC may also release private health information to funeral directors as necessary to carry out their duties.

Other Uses: Any other uses and disclosures will be made only with written authorization.

PATIENT HEALTH INFORMATION RIGHTS: Although all records concerning treatment are the property of Michael J. Brown, MD, PLLC you have the following rights concerning private health information. ("CFR" below stands for the Code of Federal Regulations). To exercise any of these rights, please contact the Privacy Officer identified below, in writing.

Right to Confidential Communications: You have the right to receive confidential communications of your private health information by alternative means or at alternative locations as provided by 45 CFR § 164.522. For example, you may request that Michael J. Brown, MD, PLLC only contact you at work or by mail.

Right to Inspect and Copy: You have the right to inspect and copy your private health information as provided by 45 CFR §164.524.

Right to Amend: You have the right to amend your private health information as provided by 45 CFR §164.526.

Right to an Accounting: You have the right to receive an accounting of disclosures of your private health information as provided by 45 CFR §164.528.

Right to Request Restrictions: You have the right to request restrictions on certain uses and disclosures of your private health information as provided by 45 CFR §164.522. Michael J. Brown, MD, PLLC may not agree to honor the request.

Right to Receive Copy of this Notice: You have the right to receive a paper copy of this Notice, upon request.

Right to Revoke Authorization: You have the right to revoke your authorization to use or disclose your private health information except to the extent that action has already been taken in reliance on your authorization.

FOR MORE INFORMATION OR TO REPORT A PROBLEM: If you have questions and would like additional information, you may contact: Kathleen Brown at the number and address below. If you believe your privacy rights have been violated, you may file a complaint with Michael J. Brown, MD, PLLC and/or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with the Michael J. Brown, MD, PLLC , please contact: Kathleen Brown, Office Administrator and Privacy Officer, at 297 Herndon Parkway, Suite 101, Herndon, VA, 20170. All complaints must be submitted to the Privacy Officer in writing at the above address. There will be no retaliation for filing a complaint.

CHANGES TO THIS NOTICE: Michael J. Brown, MD, PLLC will abide by the terms of the Notice of Health Information Practices currently in effect. Michael J. Brown, MD, PLLC reserves the right to change the terms of its notice and to make the new notice provisions effective for all protected health information that it maintains. Michael J. Brown, MD, PLLC will post any revised Notice (prior to implementation of same).

NOTICE EFFECTIVE DATE: The effective date of the notice is April 13, 2003.

Patient's Signature