Varicose Vein Solutions
18840 Ventura Blvd. Suite 100 B Tarzana, CA 91356
TEL: 818-345-6126 FAX: 818-345-5061

Patient Name: _____ DOB: _____

I. PRIVACY PRACTICE

THE NOTICE OF PRIVACY PRACTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY, AS IT EXPLAINS:

- How this office will use and disclose your protected health information.
- Your privacy rights with regard to your protected health information.
- This office's obligations concerning the use and disclosure of your protected health information.

_____ I hereby acknowledge that I or my legal representative has received a copy of the office Notice of
Initial Privacy Practices.

II. PATIENT RIGHTS

It is the policy of Varicose Vein Solutions to recognize and respect the rights of all patients. Discrimination in any form is prohibited. Patients receiving any health care services at Varicose Vein Solutions shall be informed of these patient rights as well as their responsibilities.

Notice of Patients' Rights and Responsibilities are posted throughout the facility.

_____ I hereby acknowledge that I or my legal representative has received a written copy of the Patient's
Initial Rights and Responsibilities.

III. ADVANCE DIRECTIVE

An **advance healthcare directive**, is a legal document in which a person specifies what actions should be taken for their health if they are no longer able to make decisions for themselves because of illness or incapacity. There are several kinds of advance directives. The two most common are the living will or durable power of attorney for healthcare.

VARICOSE VEIN SOLUTIONS policy does not honor living wills or Power of Attorney for Health Care. However, in the event a patient is transferred to a hospital, this document will accompany the patient and become part of the medical record.

(If a patient should provide his/her advance directive, a copy will be placed on the patient's medical record and transferred with the patient should a hospital transfer be ordered by his/her physician).

_____ I hereby acknowledge and understand that an Advanced Directive will not be honored during my
Initial time here at **VARICOSE VEIN SOLUTIONS.**

Patient Signature: _____ Date: _____

VARICOSE VEIN SOLUTIONS 18840 Ventura Blvd., #100 B Tarzana, CA 91356

Patient Information

Date: _____/_____/_____

PERSONAL INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____
Marital Status: □ Married □Single □ Divorced □ Widowed
Date of Birth: _____/_____/_____ Age: _____ Sex: □ Male □ Female

Social Security: _____ - _____ - _____ Email Address: _____

Address: _____ Apt #: _____ City: _____

State: _____ Zip: _____

Home Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

Work Phone: (_____) _____ - _____

Pharmacy: Name: _____ City: _____ Phone #:_____

Physicians who care for you

Referring Physician: _____ Primary Care Physician: _____

Insurance Information

Primary Insurance: _____ I.D. Number: _____
Name of Insured: _____ Date of Birth: _____/_____/_____
Relationship to Insured: _____ Group #: _____

Secondary Insurance: _____ I.D. Number: _____
Name of Insured: _____ Date of Birth: _____/_____/_____
Relationship to Insured: _____

Emergency Contact

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

I do hereby consent to and authorize the performance of all treatments, surgery, and all medical services by Varicose Vein Solutions. I accept full financial responsibility for all medical/surgical services performed on my behalf if not covered by my insurance company.

All co-payments, deductibles and non-covered services are due at the time of service.

I do hereby authorize provider to release all information necessary acquired in the course of my examination and/or treatment to secure payment for services. I do authorize my insurance company to pay benefit directly to Varicose Vein Solutions

_____ _____

Patient or Guardian's Signature Date