



**HANDS UP
OCCUPATIONAL THERAPY**

32 UNION SQUARE EAST SUITE 216
NEW YORK, NY 10003
917.855.7085 INFO@HANDSUPOT.COM

New Patient Registration Form

PATIENT INFORMATION			
Name: LAST FIRST M.I.			Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of Birth: / /	Marital Status:		
Address:	City:	State:	Zip Code:
Cell Phone: () -	Work Phone: () -		
Social Security #:	Email:		
Emergency Contact: LAST FIRST M.I.	Relationship:		
Emergency Contact Phone () -	Patient's Employer:		
Patient's Referring Physician:	Patient's Diagnosis:		

Patient's Printed Name

Signature of Patient or Responsible Party

Date



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Notice of Privacy Practices

Your name and signature on this coversheet indicate that you have received a copy of Hands Up Occupational Therapy's Privacy Policies on the date indicated. If you have any questions regarding the information set for in Hands Up Occupational Therapy Notice of Privacy Practices please do not hesitate to ask.

Patient's Printed Name

Signature of Patient or Responsible Party

Date

Patient Agreement

Thank you for choosing Hands Up Occupational Therapy. The information below concerns our billing and cancellation policies. Please read and sign below.

- ✓ Payment of all copays is expected at the time of service or at the end of the week if you come for multiple treatments per week.
- ✓ If at any point you insurance coverage changes, notify the front desk prior to your next visit.
- ✓ A scheduled appointment must be cancelled at least 24 hours in advance or a \$60 cancellation fee will be assessed. Similarly if you do not show us for an appointment the \$60 cancellation fee will also apply. The fee is not waived for business travel and is not billable to any insurance carrier.

Patient's Printed Name

Signature of Patient or Responsible Party

Date



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Social Media Informed Consent

Hands Up Occupational Therapy is pleased to participate in social media outlets such as Facebook, Instagram, LinkedIn, etc. Through these platforms, we share pictures and content relating to patient diagnosis, conditions and progress. Additionally we provide office updates, and other fun or helpful information. With the expressed permission of our patients, we are pleased to share posts welcoming new patients to our practice, congratulating patients completing their treatment, and posting photos of our patients' journeys and outcomes.

- I give my consent to allow Hands Up Occupational Therapy to post updates or photographs of me/my child on social media.

- I do not give my consent to my/my child's information being shared on social media.

Patient's Printed Name

Signature of Patient or Responsible Party

Date



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Notice of Privacy Practices

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.

We care about our patient's privacy and strive to protect the confidentiality of your medical information at this practice. New federal legislation requires that we issue this official notice of our privacy practices. You have the right to the confidentiality of your medical information and this practice is required by law to maintain the privacy of that protected health information. This practice is required to abide by the terms of the Notice of Privacy Practices currently in effect and to provide notice of the legal duties and privacy practices with respect to protected health information. If you have any questions about this notice please contact the Privacy officer at this practice.

Who will follow this Notice

Any health care professional authorized to enter information into your medical record, all employees, staff and other personal at this practice who may need access to your information must abide by this Notice. All subsidiaries, business associates (e.g. billing service), sites and locations of this practice may share medical information with each other for treatment, payment purposes or health care operations described in this Notice. Except where treatment is involved, only the minimum necessary information need to accomplish the task will be shared.

How We May Use and Disclose Medical Information About You.

The following categories describe different ways that we may use and disclose medical information about your specific consent or authorization, Examples provided for each category of uses or disclosures. Not every possible use or disclosure in a category is listed.

For Treatment. We may use medical information about you to provide you with medical treatment or services. Example: In treating you for a specific condition, we may need to know if you have allergies that could influence which medication we prescribe for the treatment process.

For Payment. We may use and disclose medical information about you so that the treatment and services you receive from us may be billed and payment may be collected from you, an insurance party or a third party. Example: We may need to send protected health information, such as your name, address, office visit date, and codes identifying your diagnosis and treatment to your insurance company for payment.

For Health Care Operations. We may use and disclose medical information about you for health care operations to assure that you receive quality care. Example: We may use medical information to review our treatment and services and evaluate the performance of our staff in caring for you.

Other Uses or Disclosures That Can Be Made Without Consent or Authorization

- As required during an investigation by law enforcement agencies
- To avert a serious threat to public health or safety
- As required by military command authorities for their medical records
- To workers' compensation or similar programs for processing of claims
- In response to a legal proceeding
- To a coroner or medical examiner for identification of a body
- If an inmate, to the correctional institution or law enforcement official
- As required by the US Food and Drug Administration (FDA)
- Other healthcare providers' treatment activities
- Other covered entities and providers payment activities
- Other covered entities' healthcare operations activities (to the extent permitted under HIPAA)
- Uses and disclosers required by law



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- Uses and disclosers in domestic violence or neglect situations
- Health oversight activities
- Other public Health activities

We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and service that may be of interest to you.