

Date: _____

Name: _____

Midwest Laser Aesthetics, LLC
Hair & Vein Removal • Sun Spot Removal • Pearl • Skin Care

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

Midwest Laser Aesthetics includes the physicians and other providers who work at Midwest Laser Aesthetics. Some of those providers are not employees of the Midwest Laser Aesthetics. However, for purposes of compliance with the HIP AA Privacy Rules, Midwest Laser Aesthetics is deemed to be an Organized Health Care Arrangement, which means: that it operates as an integrated unit; that all providers will share protected health information in order to carry out treatment (including coverage for each other), payment for treatment and health care operations; that this Notice is provided as a joint notice made by each of them; and, that each of them will abide by the terms of this Notice.

POLICY STATEMENT

Midwest Laser Aesthetics is committed to maintaining the privacy of your protected health information ("PHI"), which includes information about your medical condition and the care and treatment you receive from Midwest Laser Aesthetics and other health care providers. This Notice details how your PHI may be used and disclosed to third parties' for purposes of your care, payment for your care, health care operations of Midwest Laser Aesthetics, and for other purposes-permitted or required by law. This Notice also details your rights regarding your PHI,

USE OR DISCLOSURE OF PHI

Midwest Laser Aesthetics may use and/or disclose your PHI for purposes related to your care, payment for your care, and health care operations. The following are examples of the types of uses and/or disclosures of your PHI that may occur.

Care - In order to provide, coordinate and manage your care, Midwest Laser Aesthetics will provide your PHI to those health care professionals, whether on the Midwest Laser Aesthetics staff or not, 'directly involved in your care' so that they may understand your medical condition and need, and provide advice or treatment (e.g., a specialist or laboratory).

Payment - In order to get paid for some or all of the health care provided by the Midwest Laser Aesthetics, Midwest Laser Aesthetics may provide your PHI, directly or through a billing service, to appropriate third party payers, pursuant to their billing and payment requirements. For example, the Midwest Laser Aesthetics may need to provide your health insurance carrier or, if you are over 65, the Medicare program with information about health care services that you received from Midwest Laser Aesthetics so that the Midwest Laser Aesthetics can be properly reimbursed. The Midwest Laser Aesthetics may also need to tell your insurance plan about the need to hospitalize you so that the insurance plan can determine whether or not it will pay for the expense.

Health Care Operations - In order for the Midwest Laser Aesthetics to operate in accordance with applicable law and insurance requirements and to provide quality and efficient care, it may be necessary for the Midwest Laser Aesthetics to compile, use and/or disclose your PHI.

AUTHORIZATION Midwest Laser Aesthetics may use and/or disclose your PHI, without a written Authorization from you, in the following instances:

De-identified Information - Your PHI is altered so that it does not identify you and, even without your name, cannot be used to identify you.

Business Associate - To a business associate, which is someone who Midwest Laser Aesthetics contracts with to provide a service necessary for your treatment, payment for your treatment and health care operations - billing service). Midwest Laser Aesthetics will obtain satisfactory written assurance, in accordance with applicable law, that the business associate will appropriately safeguard your PHI.

Personal Representative - To a person who, under applicable law, has the authority to represent you in making decisions related to your health care.

AUTHORIZATION

Uses and/or disclosures, other than those described above, will be made only with your written Authorization, which you may revoke at any time.

Sign-in Sheet - Midwest Laser Aesthetics may use a sign-in sheet at the registration desk. Midwest Laser Aesthetics may also call your name in the waiting room when your physician is ready to see you.

Appointment Reminder - Midwest Laser Aesthetics may, from time to time, contact you to provide appointment reminders. The reminder may be in the form of a letter or postcard. Midwest Laser Aesthetics will try to minimize the amount of information contained in the reminder. Midwest Laser Aesthetics may also contact you by phone and, if you are not available, a message will be left for you.

Treatment Alternatives - Midwest Laser Aesthetics may, from time to time, contact you about treatment alternatives, or other health benefits or services that may be of interest to you.

Fundraising - Midwest Laser Aesthetics may use and/or disclose some of your PHI in order to contact you for fundraising activities supportive of Midwest Laser Aesthetics. Any fundraising materials sent to you will describe how you may opt out of receiving any further

Date: _____

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YOUR RIGHTS

You have the right to:

1. Revoke any Authorization, in writing, at any time. To request a revocation, you must submit a written request to the Midwest Laser Aesthetics Privacy Officer.
2. Request restrictions on certain use and/or disclosure of your PHI as provided by law. However, Midwest Laser Aesthetics is not obligated to agree to any requested restrictions. To request restrictions, you must submit a written request to the Midwest Laser Aesthetics Privacy Officer. In your written request, you must inform Midwest Laser Aesthetics of what information you want to limit, whether you want to limit the use or disclosure and to whom you want the limits to apply. If Midwest Laser Aesthetics agrees to your request, Midwest Laser Aesthetics will comply with your request unless the information is needed in order to provide you with emergency treatment.
3. Receive confidential communications by alternative means or at alternative locations. You must make your request in writing to the Midwest Laser Aesthetics Privacy Officer. Midwest Laser Aesthetics will accommodate all reasonable requests.
4. Inspect and copy your PHI as provided by law. To inspect and copy your PHI, you must submit a written request to the Midwest Laser Aesthetics Privacy Officer. In certain situations that are covered by law, Midwest Laser Aesthetics may deny your request, but you will have the right to have the denial reviewed. Midwest Laser Aesthetics can charge you a fee for copying, mailing or other supplies associated with your request.
5. Amend your PHI as provided by law. To request an amendment, you must submit a written request to the Midwest Laser Aesthetics Privacy Officer. You must provide a reason that supports your request. Midwest Laser Aesthetics may deny your request if it is not in writing, if you do not provide a reason and support of your request, if the information to be amended was not created by Midwest Laser Aesthetics (unless the individual or entity that created the information is no longer available), if the information is not part of your PHI maintained by MLA, if the information is not part of me information you would be permitted to inspect and copy, and/or if the information is accurate and complete. If you disagree with the Midwest Laser Aesthetics denial, you have the right to submit a written statement of disagreement.
6. Receive an accounting of disclosures of your PHI as provided by law. To request an accounting, you must submit a written request to the Midwest Laser Aesthetics Privacy Officer. The request must state a time period, which may not be longer than six years and may not include the dates before April 14, 2003. The request should indicate in what form you want the list (such as a paper or electronic copy). The first list you request within a 12-month period will be free, but Midwest Laser Aesthetics may charge you for the cost of providing additional lists in that same 12-month period. Midwest Laser Aesthetics will notify you of the costs involved and you can decide to withdraw or modify your request before any costs are incurred.

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ACKNOWLEDEMENT OF RECEIPT

I acknowledge that I have received a copy of Midwest Laser Aesthetics, LLC Privacy Notice Bearing an effective date of 6/01/08

Name of Individual (printed)

Signature Individual

Designated Personal Representative

Relationship

Date Signed ____/____/____

Date: _____

Name: _____

Contract for any Diet

_____ I promise to follow the diet by the letter.

_____ I promise to come to the office each week to be weighed.

_____ I promise to weigh myself daily.

_____ I promise to call if I am confused or have possible side effects.

_____ I promise to stop my HCG the week of my period and stay on the 500 calorie diet during this time (hCG females only).

_____ I understand the following (hCG patients only):

125 I.U. of HCG daily (except during menstruation) until 40 doses have been given.

Until 3rd day forced feeding.

On the 3rd through 40th day, 500 Calorie diet to be continued until 72 hours after the last dose.

For the following 3 weeks, all foods allowed except starch and sugar in any form (careful with very sweet fruit).

After 3 weeks, very gradually add starch in small quantities, always controlled by morning weighing.

Name

Signature

Date

Date: _____

Name: _____

**Midwest Laser Aesthetics, LLC Weight Loss
Financial Statement**

Insurance Information

Medical insurance policies do not typically cover weight management care and related expenses, including laboratory testing, ECG, prescription medication and related supplements. If your primary diagnosis is obesity, you may not bill your insurance company for a co-morbid condition. Doing so may result in a charge of fraud against you and/or the physician.

An appropriate receipt of payment will be provided. We do not follow the AMA approved billing guidelines for our billing. Changes to coding will not be made for the use of any insurance company. Insurance companies may reimburse patients for expenses related to weight management, for instance if co-morbid conditions are also part of the weight management treatment, but reimbursement will not be made from the insurance company to the physician. Midwest Laser Aesthetics, LLC (MLA) will not present a bill to any insurance company for weight management services or related charges. Also, MLA will provide what is considered an appropriate receipt, as above described and is not obligated to complete any form that may be provided by a health insurance company sent to the patient or physician in this regard. Fees to fill out insurance company forms will be determined on an as needed basis. If copies of records are required for your insurance company you will be charged at the State of Missouri approved rates.

If you are covered by MEDICARE INSURANCE you must complete and sign an Advance Beneficiary Notice to participation in this Weight Management Program. Due to State of Missouri regulations, if you are covered by MEDICAID INSURANCE, we will be unable to offer services to you. If at anytime you have any coverage with Medicaid and you do not inform this office of this fact, you will be responsible for all charges per Medicaid regulations requiring you to share this information with all providers. It is considered fraud to not disclose this information.

Are you currently a beneficiary of Medicare (circle one) YES NO

Are you currently a beneficiary of Medicaid (circle on) YES NO

I have read and fully understand the above information related to insurance and participation in MLA weight loss program. I have also had the opportunity to ask questions regarding these issues. I am aware that I will receive an appropriate receipt of payment for my personal use as I see fit to do so. I understand the specifics of these receipts and limitations as described in this document. I accept these specific policy rules.

Patient(Guardian) Signature

Date

Printed Name

If Guardian – relationship to patient

Date: _____

Name: _____

Patient Questionnaire

For all new patients and patients having a yearly exam it is important that we know as much about you as we can. This Questionnaire will help us to identify problems you may be having. Thank you.

(Check those that apply):

- Fever
- Weight loss/gain
- Night sweats
- Malaise/Tiredness
- Eye trouble
- Corrective lenses
- Hearing trouble
- Noises in ears
- Nose bleeds
- Sinus trouble
- Mouth sores
- Dentures
- Difficulty swallowing
- Sore throat
- Change in voice
- Chest pain
- Angina
- Heart racing or pounding
- Blood clots in legs
- Passed out
- Shortness of breath
- Cough
- Emphysema
- Coughing blood
- Pneumonia
- Seasonal allergies
- Asthma
- Abnormal chest x-ray
- Tuberculosis
- Abdominal pain
- Constipation
- Diarrhea
- Change in stools
- Bleeding from bowels
- Indigestion
- Hemorrhoids
- Difficulty swallowing
- Frequent or painful urination
- Blood in urine
- Unable to empty bladder
- Loosing urine
- Urinating at night
- Joint pain
- Back pain
- Swelling or warmth of joints
- Swelling of legs
- Changes in skin
- Moles you are concerned about
- Lump in breast or discharge
- Weakness
- Instability
- Numbness
- Seizures
- Headaches
- Lightheadedness
- Stroke
- Depression
- Anxiety
- Hearing voices
- Problems with your mood
- Temperature intolerance
- Excessive thirst or urination
- Easy bruising
- Lumps in skin
- Anemia

Date: _____

Name: _____

Women:

First Period (age) _____

Last Period (date) _____ Regular? Y/N Last Mammogram (date) _____

Abnormal Pap Smear? Y/N Last Pap Smear (date) _____

Pregnancies (number) _____ Miscarriages (number) _____

Medical conditions you have:

Surgeries:

Medications (Name, Dose and Frequency):

Allergies (please include reaction if known):

To Medications - _____

Others - _____

Diseases that run in the family (circle)

Diabetes Heart Disease High Blood Pressure Stroke High Cholesterol

Cancer Thyroid Problems Tuberculosis Liver Disease Psychiatric Illness

Others _____

Mother's age (or cause of death and age) _____

Father's age (or cause of death and age) _____

Brothers and sisters (ages and sex): _____

Marital status (circle): Married Single Divorced Widowed Separated

Children (ages and sex): _____

Employment: _____

Smoke or Chew Yes How much per day? _____

No When quit? _____

Drink alcohol Yes How much per week? _____

No When quit? _____

Ever used illegal drugs Yes Which ones/When? _____

No

Date: _____

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Midwest Laser Aesthetics, LLC Weight Loss Addendum

- 1) What is the main reason you decided to lose weight?
- 2) When did you begin gaining excess weight (give reasons if known)?
- 3) What do you think is the main cause of your weight problem?
- 4) Describe your previous attempts at weight loss or previous diets you have done:
- 5) Is your spouse, fiancé or partner overweight? (circle) YES NO
- 6) How often do you dine out? Which restaurants? What would you typically eat?
- 7) What foods do you avoid?
- 8) What foods do you crave?
- 9) Do you awaken hungry during the night? What do you do?
- 10) What are your worst food habits?
- 11) What are your snack habits?
- 12) Rate your body from 1 to 10. How would you describe your body?
- 13) If you could change one thing about your body, what would it be?
- 14) What do you feel will be your obstacle(s) to successful weight loss?
- 15) What is your typical breakfast? What time? With whom? Where?
- 16) What is your typical lunch? What time? With whom? Where?
- 17) What is your typical dinner? What time? With whom? Where?

Initial

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18) Any additional comments you think would be helpful to the doctor?

19) Were you sexually abused/raped as a child or adult?

20) Birth weight: _____ Weight at 20: _____ Weight one year ago: _____

Desired weight _____

21) Do you use artificial sweeteners or diet drinks? YES NO

21) What is your activity level? (circle one)

- a. Inactive – No regular physical activity
- b. Light – No organized physical activity during leisure times.
- c. Moderate – Occasionally involved in activities such as weekend golf, tennis, jogging, swimming or biking.
- d. Heavy – Consistent lifting, stair climbing, heavy construction or regular exercise 3 times a week for 30 minutes
- e. Vigorous – Participation in extensive physical exercise for at least 60 minutes per session 4 times per week.

22) Behavior/style: (circle one)

- a. Always calm and easygoing
- b. Usually calm and easygoing
- c. Sometimes calm with frequent impatience
- d. Seldom calm and persistently driving for advancement
- e. Never calm and have overwhelming ambition
- f. Hard-driving and can never relax.

I hereby agree that the information contained in this medical history is accurate to the best of my knowledge.

Signature

Date

Date: _____

Name: _____

Permission for use of photographs/slides

I hereby give Dr. Potts permission to use my photographs in the following manner:

- _____ use only photos in which my identity is concealed
- _____ unrestricted use of photographs (this may include web site)
- _____ use in the physician's office to show other patients "before/after" pictures
- _____ use in the physician's new patient seminars to teach other patients about procedures
- _____ use for medical education/lectures to other physicians
- _____ use in professional writing which may include textbooks, journals, newsletters
- _____ All the above
- _____ None of the above

The specific restrictions on the use of my photographs include:

I understand that this consent may be revoked in writing but not by implication.

Signature of Patient

Date

Witness

Date

Physician Signature

Date