

CHARLESTON PHYSICAL MEDICINE & REHABILITATION

WILLIAM J. LIVESAY JR., D.O.

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www.CharlestonPMR.com

Date _____ Patient Name _____

Street Address _____

City _____ State, Zip _____

Home Tel _____ Work Tel _____

Emergency Tel _____ Name _____ Relation _____

DOB _____ Gender (Male / Female) _____ SSN _____

Single Married Widow Divorced Employed Retired FT or PT Student

Employer/Retired/School _____

Address _____

Referred by _____

Primary Doctor _____ Work Tel _____

INSURANCE

Primary Insurance _____ Insured Name _____

Date of Birth _____ SSN _____

Group Name or Employer _____ Group # _____ Policy # _____

Secondary Insurance _____ Insured Name _____

Date of Birth _____ SSN _____

Group Name or Employer _____ Group # _____ Policy # _____

I understand that it is the patient's responsibility to furnish William J. Livesay, Jr., DO with current insurance, address and physician referral information.

Date _____ Signature _____

I authorize William J. Livesay, Jr., DO to obtain information from other physicians that may be beneficial for evaluation and/or treatment of my illness. I authorize William J, Livesay, Jr., DO to furnish information to insurance carriers including Medicare or other doctors concerning my illness and treatments. He may also obtain pre certification and prior authorization when necessary. I understand that I am financially responsible for all charges whether or not paid by insurance. If your account is forwarded to a collections company for non-payment a 30% fee will be added to your balance. I authorize William J. Livesay, Jr., DO to receive all payments for medical services rendered to myself. If for any reason you need to cancel your appointment, you must call 24 hours prior to your scheduled appointment. Failure of notice will result in a \$30 cancellation fee. These authorizations will remain on file for all future treatment.

Date _____ Signature _____

WILLIAM J. LIVESAY JR., D.O.
dba Charleston Physical Medicine & Rehabilitation
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.

William J. Livesay Jr., D.O., L.L.C. "Practice" is dedicated to maintaining the privacy of your personal health information. Each time a patient visits this office, a record is made that describes the treatments and services provided. Federal law outlines specific privacy protections and individual rights related to the information we maintain that identifies you as a patient. Protected information includes demographic data and facts about your past, present, or future physical or mental health. Our office has put in place policies and procedures to help protect your health information. We are required to provide this notice outlining our legal duties and responsibilities related to the use and disclosure of patient identifiable health information, Privacy Practices, and examples of how your information may be used or disclosed.

Practice will abide by the terms of this notice. We may revise this notice at any time. The new notice will be posted in our office in a prominent location. You can request a copy of our most current notice at any time. Revisions to the notice will be effective for all health care information this office maintains: past, present, or future.

Practice may use your individually identifiable health information for the following purposes without your authorization:

1. **Treatment:** We may use and disclose your identifiable-health information to treat you and assist others in your treatment. For instance, we may send a copy of your records to another doctor so that you can be evaluated for a specific condition, or we may disclose information to others who take part in your care, such as your spouse, children, or parents.
2. **Payment:** We may use your health information to bill and collect payment for services provided. This may include providing your insurance company with the details of your treatment, sharing your payment information with other treatment providers, contacting you over the phone or through the mail about balances, or sending unpaid balances to a collection agency.
3. **Health Care Operations:** We may use and disclose health information to operate our business. For example, your health information may be used to evaluate the quality of care we provide, for state licensing, or to identify you by name when you visit the office.
4. **Appointment Reminders:** We may use and disclose your information to remind you of appointments. We may also mail you a reminder for follow-up visits.
5. **Treatment Options:** We may use your health information to inform you of treatment options or other health-related services we offer that may be of interest to you.
6. **Business Associates:** We may share your health information with other individuals or companies that perform various activities for, or on behalf of, our office such as after-hours telephone answering, billing, or quality assurance. Our Business Associates agree to protect the privacy of your information.

Practice may disclose your health information without your authorization when permitted or required to by law, including:

- For public health activities including reporting of certain communicable diseases.
- For workers' compensation or similar programs as required by law.
- To authorities when we suspect abuse, neglect, or domestic violence.
- To health oversight agencies.
- For certain judicial and administrative proceedings pursuant to an administrative order.
- For law enforcement purposes.
- To a medical examiner, coroner, or funeral director.
- For the facilitation of organ, eye, or tissue donation if you are an organ donor.
- For research purposes under strictly limited circumstances.
- To avert a serious threat to your health and safety or that of others.
- For governmental purposes such as military service or for national security
- In the event of an emergency or for disaster relief.
- In any other instance required by law.

Practice may also disclose your information to family members and/or other persons involved in your care or payment for your care. Practice may leave messages for you at home or work about your visits or test results. If you do not want us to do so, please inform our Privacy Officer in writing.

