

Gregory S. Keller, M.D.
Facial Plastic Surgery

PATIENT INFORMATION SHEET

Personal information:

Name: _____

Sex: M / F DOB ___/___/____ Age ____ S/S # _____ - _____ - _____

Address: _____

City _____ State ____ Zip _____ Mail ok? _____

Hm Ph _____ - _____ Wk Ph _____ - _____ **Cell Ph** _____ - _____

Okay to leave message? _____ **Preferred contact method** _____

Email: _____ Okay to send email? Yes / No

Work Information:

Employer Name: _____ Work Phone _____

Employer Address: _____ City: _____ State _____

Occupation: _____

Emergency contact (someone not living with you)

Name: _____ Relationship: _____ Phone: _____

Address: _____ City: _____ State: _____

Referral Source: How did you hear about us? _____

Reason for Visit? _____

Patient signature: _____ Date: ___ / ___ / _____

Gregory S. Keller M.D., F.A.C.S.
Facial Plastic Surgery • Rejuvalase Medi-Spa

NOTICE OF PATIENT PRIVACY

Acknowledgement of receipt

We are committed to preserving the privacy of your personal health information. In Fact, we are required by law to protect the privacy of your medical information and to provide you with Notice describing:

HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION.

We may require your written consent before we use or disclose to others your medical information for purposes of providing or arranging for your health care, the payment for or reimbursement of the care that we provide to you and the related administrative activities supporting your treatment.

We may be required or permitted by certain laws to use and disclose your medical information for other purposes without your consent or authorization.

As our patient, you have important rights related to inspecting and copying your medical information that we maintain, amending or correcting the information, obtaining and accounting of our release of your medical information, requesting that we communicate with you confidentially, requesting that we restrict certain uses and disclosures of your health information, and complaining if you think your rights have been violated.

We have available a detailed Notice of Privacy Practices which fully explains your rights and our obligations under the law. We may revise our Notice from time to time.

You have the right to receive a copy of our most current Notice in effect. If you have not yet reserved a copy of our current Notice, Please inquire at the front desk and we will provide you with a copy.

If you have any questions, concerns or complaints about the Notice or your medical information, please contact Nancy Jurek, Security Officer, at our office at 805.687.6408.

I acknowledge the receipt of Notice of Privacy Practices of Gregory Keller M.D., Inc.

Signature: _____ Date: _____

How did you hear about Dr. Keller? Check below all that apply.

- Internet**
- Wellness Hour**
- Independent**
- Sky West Magazine**
- Friend**_____
- How do they know about Dr. Keller**_____
- Relative**_____
- How do they know about Dr. Keller**_____
- Yellow Pages**
- Good Morning America**
- Seminar**
- Food and Home Magazine**
- Ibiza Hair Design**
- Anita Snow**
- Physician**
- Other**_____

Thank you.