



Patient Name (printed): _____ **Patient DOB:** _____

Authorization to Release Information to Speak Family Members

I hereby authorize Clarus Dermatology, PA to release any information from my medical record, which will contain Protected Health Information such as clinical notes, laboratory results and biopsy results, to the individual(s) identified below. Please note that the law does not require the recipient of this information to keep it confidential. Clarus Dermatology, PA is authorized to disclose my information to: _____

Relationship to patient: _____

Patient/Guardian signature: _____ Date: _____

Relationship of guardian to patient: _____

900 Long Lake Road Suite 150 | New Brighton, MN 55112 | P/F 612.213.2370 | clarusdermatology.com

Clarus Dermatology complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Clarus Dermatology cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-408-2431. TTY: 711. Clarus Dermatology ua raws cov kev cailij choj yuam siv ntawm Tsom Fwv Nrub Nrab Teb Chaw hais txog pej xeem cov cai (Federal civil rights laws) thiab tsis ciav-cais leejtwg vim nws hom neeg, nqaij taww, lub tebchaws tuaj, hnuv nyoog, kev tsis taus, los yog poj niam txiv. LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-877-408-2431. TTY: 711.



Cancellation And No Show Policy

Clarus Dermatology, PA firmly believes that good physician/ patient relationships is based upon understanding and good communication. Our office understands that situations arise in which you must cancel your appointment. It is therefore requested that if you must cancel your appointment you provide more than 24 hours notice. This will enable another person who is waiting for an appointment to be scheduled in that appointment slot.

Office appointments that are cancelled with less than 24 hour notification will be subject to a \$50.00 cancellation fee. Procedure cancellations require 72 hours advance notice; procedures cancelled less than 72 hours in advance will be subject to a \$150.00 cancellation fee.

The Cancellation and No Show fee are the sole responsibility of the patient and must be paid in full before the patient's next appointment.

Patient/Guardian signature: _____ Date: _____

Relationship of guardian to patient: _____

Portal Authorization Form for Clarus Dermatology, PA (*required information)

Purpose of this Form: OnPatient Portal offers patients of Clarus Dermatology, PA a secure way to view parts of their healthcare record. Please read this form thoroughly before signing to request access to view your medical records on the OnPatient portal.

***Print Patient Name and Birthdate:** _____

***Responsible Party/Legal Guardian:** _____ ***Phone:** _____

***Relationship to Patient:** _____

***Personal Email Address (please print clearly):** _____

How the OnPatient Works: A secure web portal is a kind of webpage that uses computer security to keep unauthorized persons from reading information or attachments. Health information can only be read by someone who knows the right password to log into the portal site.

How to Participate in OnPatient: To participate, please provide a copy of your photo ID and signature on authorization. Once this form is signed and approved, you will receive an invitation to your personal e-mail to set up your user name and password for the OnPatient portal.

Protecting Your Private Health Information and Risks: This method of communicating and viewing prevents unauthorized parties from being able to access your private health information. However, keeping health information secure depends on two important factors: we need you to make sure we have your correct email address and you must inform us if it ever changes. We strongly suggest that you use a personal email account rather than a work email address to prevent your employer from potentially accessing your record. You need to keep unauthorized persons from learning your password. If you think someone has learned your password, you should promptly change it or let us know so we can revoke online access to your account.

Patient/Responsible Party/Legal Guardian Acknowledgement:

Patient/Guardian Signature: _____ Date: _____

Relationship of guardian to patient: _____

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Clarus Dermatology Patient Non-Discrimination Policy

Effective Date: 10/01/2016

Revise Date: Effective Date (no revisions)

PURPOSE

To ensure that all patients and visitors of Clarus Dermatology are treated with equality, in a welcoming, nondiscriminatory manner, consistent with applicable state and federal law while ensuring that effective communication may occur.

SCOPE

This policy applies to all members of Clarus Dermatology workforce, including employees, medical staff members, contracted service providers, and volunteers, and to all vendors, representatives, and any other individuals providing services to or on behalf of Clarus Dermatology.

Clarus Dermatology complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Clarus Dermatology does not exclude people or treat them differently because of age, race, color, creed, ethnicity, religion, national origin, sex, sexual orientation, gender identity or expression, disability, veteran or military status, or any other basis prohibited by federal, state, or local law.

POLICY

Clarus Dermatology is dedicated to providing services to patients and welcoming visitors in a manner that respects, protects, and promotes patient rights. Clarus Dermatology complies with Federal civil rights laws.

Clinic Personnel will treat all patients and visitors receiving services from Clarus Dermatology that is free from discrimination based on age, race, color, creed, ethnicity, religion, national origin, sex, sexual orientation, gender identity or expression, disability, veteran or military status, or any other basis prohibited by federal, state, or local law.

Clarus Dermatology Personnel will inform patients and make reasonable accommodations for patients consistent with federal and state requirements. For example, language interpretation services will be made available via remote interpreting services or in person for non-English speaking patients and sign language interpretation will be made available for hearing impaired patients.

Initial _____

Any person who believes that he, she, or another person has been subjected to discrimination which is not permitted by this Policy, may file a grievance with the Nondiscrimination Civil Rights Coordinator

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- By email at: Contact@clarusdermatology.com
- By mail at: Non Discrimination Civil Rights Coordinator
Clarus Dermatology
900 Long Lake Road Suite 150
New Brighton, MN 55112
- By phone: 612-213-2370

You can also file a civil right complaint with the U.S. Department of Health and Human Services, Office for Civil Rights

- Electronically through Office for Civil Rights Complaint Portal
<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
- Phone: 1-800-368-1019 or 1-800537-7697 (TDD)
- Mail
U.S. Department of Health and Human Services
200 Independence Ave SW
Room 506F
HHH Building
Washington, DC 20201

Clarus Dermatology Personnel are prohibited from retaliating against any person who opposes, complains about, or reports discrimination, files a complaint, or cooperates in an investigation of discrimination or other proceeding under federal, state, or local antidiscrimination law.

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Clarus Dermatology tuân thủ luật dân quyền hiện hành của Liên bang và không phân biệt đối xử dựa trên chủng tộc, màu da, nguồn gốc quốc gia, độ tuổi, khuyết tật, hoặc giới tính. CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-408-2431. TTY: 711.

Clarus Dermatology 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-408-2431. TTY: 711.

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Clarus Dermatology လူပိတ်မာထွဲဝဲ ဖဲဒ်ဒဲးရဲဒ်ထံဖိကီဖိအတၢ်ခွဲးတၢ်ယာ်သဲစးတဖၣ်ဒီး တဲဝဲထံနီဖးတၢ်လၢ အဒီးသန့
ထီၣ်အသးလၢ ပှၤကလုာ်, ဖံးဘျၣ်လွာ်, ထံကီၢ်လၢ အဟဲ, သးနံၣ်, နီၢ်ခိက့ၢ်ဂီၤတဂ့ၤ, မ့တမ့ၢ် တၢ်ကဲမုၢ်ခွါအဖီခိၣ်ဘၣ်န့ၣ်လီၤ.
ပာ်သ့ၣ်ပာ်သး- နမ့ၢ်ကတိၤ ကညီ ကျိာ်အယိ, နမၤန့ၢ် ကျိာ်အတၢ်မၤစၢၤလၢ တလၢာ်ဘျၣ်လၢာ်စ့ၤ နီတမံၤဘၣ်သ့န့ၣ်လီၤ. ကိး
1-877-408-2431. TTY: 711.

Clarus Dermatology respecte les lois fédérales en vigueur relatives aux droits civiques et ne pratique aucune discrimination basée sur la race, la couleur de peau, l'origine nationale, l'âge, le sexe ou un handicap.
ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement.
Appelez le 1-877-408-2431 (ATS : 711).

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