



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

Financial Policy Acknowledgement

I authorize payment of benefits as determined by my insurance carrier directly to the physician. As the responsible party, I agree that I will be responsible for all charges incurred including those amounts not paid by my insurance company. I understand that a \$25 fee will be assessed for any payments that are returned for insufficient funds. Also, I authorize the release of medical records, if necessary, for payment by my insurance carrier. I authorize the use of this signature on all my insurance submissions whether manual or electronic. I understand I will be charged for, and hereby agree to pay, all costs and expenses incurred in collecting any past due fees, and interest allowed by law, all without relief from valuation and appraisal laws.

Preauthorization Policy

By signing our Financial Policy Acknowledgement you consent to us keeping a credit/debit/HSA card on file to be used for any unpaid balances. You also authorize Clarus Dermatology to charge your card in full for any outstanding balances. Charges will only be made after the claim has been adjudicated by the insurance carrier. If you choose not to leave a credit card on file, you have the option to leave a \$250.00 deposit with cash/check or pay based on the self-pay time-of-service fee schedule.

The “Clarus Dermatology, PA Patient Financial Policy” has been made available to me and I have reviewed it. I consent to the Preauthorization Policy and to charges to my account in accordance with that policy. As the financially responsible party I acknowledge that I will be responsible for all laboratory/pathology charges. I understand that Clarus Dermatology, PA has no ability to adjust or modify these charges. _____ Initials

Patient/Guardian signature: _____ Date: _____
Relationship of guardian to patient: _____

Notice of Privacy Practices Written Acknowledgement

I have read a copy of Clarus Dermatology, PA Notice of Privacy Practices. I understand a written copy will be provided to me at any time upon my request. I understand Clarus Dermatology, PA has a link to the Notice of Privacy Practices on the practice website located at www.clarusdermatology.com.

Patient/Guardian signature: _____ Date: _____
Relationship of guardian to patient: _____

Authorization to release information to 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: _____



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

*Print Patient Name and Birthdate: _____

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

*Relationship to Patient: _____

*Personal Email Address (please print clearly): _____

(Please supply the personal email address and photo ID of the person who will be using the patient portal)

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.

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. Once you are logged into the OnPatient portal, you will have access to only your records or those for whom you are legally responsible.

The OnPatient Portal will allow you to:

- **SECURE MESSAGING:** The ability to send and receive messages to and from your physician.
- **ONLINE SCHEDULING:** Schedule appointments online directly with the office.
- **ELECTRONIC HEALTH INFORMATION:** Once an appointment is complete, you can log onto OnPatient and view the health information from the visit as well as download a clinical summary with medications, allergies, and lab results. This keeps you informed and in control of your personal health.

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:

Signature: _____ Date: _____

Relationship to Patient: _____