

Thrive Aesthetic and Anti-Aging Center

Appointment/Cancellation Policy

Cancellations: Please be advised there is a 48 hour notice of a cancellation required. If you cancel after the time requirement, or do not show for a scheduled appointment, one of your treatments will be deducted from your package. ____ Initials

Appointments: Please read carefully through all your paperwork and make sure everything is completed and signed. Please make sure to show up 10 minutes before your appointment. If you arrive for your appointment without your paperwork completed, did not follow the pre treatment requirements, or show up late, we will have to reschedule you and deduct a treatment. ____ Initials

Please be sure to complete your checklist to verify that everything is in order and completed.

I _____ (Print name) have read and understand the above policy.

Signature _____ Date _____



THRIVE
Aesthetic and Anti-Aging Center, LLC
General Patient Information

Please print clearly and complete the following.

Please make note of best number for us to contact you for confirmation calls or if you preferred email

Patient Name _____ Today's Date/Time _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Emergency Contact _____

Work Phone _____ Relationship of Contact _____

Cell Phone _____ Contact Phone _____

Date of Birth _____ Age: _____ Email Address _____

What services are you most interested in? (please circle) **Botox Restylane Lipodissolve Mesotherapy**

Laser Hair Tx. Skin Rejuvenation Skin Laxity Photofacials Hair Regeneration Tattoo Revision

Leg Veins or Facial Veins Acne Treatments Anti-Aging Medical Weight Loss Menopause Management

Cellulite Tx. Libido Enhancement Wellness/Preventative Medicine Chelation Therapy

Other: _____

Patient History Information

Do any of the following apply to you?	Yes	For how long?		Yes	For how long?
Are you pregnant?			Date of last period		
Are you nursing?			Irregular Periods		
Are you attempting to get pregnant?			Menopausal Symptoms		
HIV/AIDS			Total Hysterectomy		
History of Hypertrophic or Keloidal Scarring			Polycystic Ovarian Disease		
Psoriasis			Adrenal Hyperplasia		
Lupus			Any other metabolic diseases?		
Sun Rash or Photo allergic			Recent increase in hair amount/growth		
Recent exposure to sun or tanning booths			Have relatives with excessive hair		
Recent use of sunless tanning cream			High Stress Level		
Epilepsy			Dental Fillings / Metal Pins		
Cancer / Melanoma			Cosmetic Tattoos		
Family History of Cancer / Melanoma			Taken Accutane in the past year		
Diabetes			Use Retin A or alpha/beta hydroxy's		
Herpes / Cold Sores			Allergy to Lidocaine / other anesthetics		
Folliculitis			History of Hives		
Pigmentation Disorder			St. John's Wort or Vitamin E use		
Heart Problems			Do you drink alcohol?		
A Pacemaker			Do you smoke?		

Are you currently under a physician's care or have any conditions not listed above?

Acknowledgement of Receipt of Notice

Thrive Aesthetic and Anti-Aging Center, LLC

Name of Patient: _____

Please indicate if you would like a copy of this medical practice's "Notice of Privacy Practices".

- Yes
- No

I hereby acknowledge that I have been provided an opportunity to view a copy of this medical practice's "Notice of Privacy Practices".

Signed: _____ Date: _____

If not signed by the patient, please indicate.

Relationship:

- parent or guardian of minor patient
- guardian or conservator of an incompetent patient
- beneficiary or personal representative of deceased patient

Print Name: _____ Telephone: _____

For Office Use Only:

Signed form received by: _____

Acknowledgment refused:

Efforts to obtain:

Reasons for refusal:

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.

Thrive Aesthetic & Anti-Aging Center, LLC is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this notice or if you want more information about the privacy practices at Thrive Aesthetic & Anti-Aging Center, LLC please contact:

Effective Date of This Notice: April 14, 2003

I. How Thrive Aesthetic & Anti-Aging Center, LLC may Use or Disclose Your Health Information

Thrive Aesthetic & Anti-Aging Center, LLC collects health information from you and stores it in a chart and on a computer. This is your medical record. The medical record is the property of Thrive Aesthetic & Anti-Aging Center, LLC, but the information in the medical record belongs to you. Thrive Aesthetic & Anti-Aging Center, LLC protects the privacy of your health information. The law permits Thrive Aesthetic & Anti-Aging Center, LLC to use or disclose your health information for the following purposes:

1. Treatment. We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your protected health information. For example, we would disclose your protected health information, as necessary, to a pharmacy that provides medications ordered for you by Dr. Maddox. We will also disclose protected health information to other physicians who may be treating you when we have the necessary permission from you to disclose your protected health information. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you. In addition, we may disclose your protected health information from time-to-time to another physician or health care provider (e.g., a specialist or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment to your physician.
2. Payment. Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as; making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for certain procedures may require that your relevant protected health information be disclosed to the health plan to obtain approval for the treatment.
3. Regular Health Care Operations. We may use or disclose, as-needed, your protected health information in order to support the business activities of this practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of other clinicians, licensing, marketing and conducting or arranging for other business activities.

For example, we may disclose your protected health information to other clinicians undergoing training that see patients at our office. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

We will share your protected health information with third party "business associates" that perform various activities (e.g., billing, accounting services) for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

4. Information provided to you.
5. Notification and communication with family. We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care in the event of an emergency. If you are able and available to agree or object, we will give you the opportunity to object prior to making this notification. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.
6. Required by law. As required by law, we may use and disclose your health information.
7. Public health. As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.
8. Health oversight activities. We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings.
9. Judicial and administrative proceedings. We may disclose your health information in the course of any administrative or judicial proceeding.
10. Law enforcement. We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes.
11. Research. We may disclose your health information to researchers conducting research that has been approved by an Institutional Review Board or Thrive Aesthetic & Anti-Aging Center, LLC privacy board.

12. Public safety. We may disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.
13. Specialized government functions. We may disclose your health information for military, national security, prisoner and government benefits (only for health plans) purposes.
14. Worker's compensation. We may disclose your health information as necessary to comply with worker's compensation laws.
15. Marketing. We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also use and disclose your protected health information for other marketing activities. For example, your name and address may be used to send you a newsletter about our practice and the services we offer. We may also send you information about products or services that we believe may be beneficial to you. You may contact our Privacy Officer to request that these materials not be sent to you.
16. Change of Ownership. In the event that Thrive Aesthetic & Anti-Aging Center, LLC is sold or merged with another organization, your health information/record will become the property of the new owner.

II. When Thrive Aesthetic & Anti-Aging Center, LLC May Not Use or Disclose Your Health Information

Except as described in this Notice of Privacy Practices, Thrive Aesthetic & Anti-Aging Center, LLC will not use or disclose your health information without your written authorization. If you do authorize Thrive Aesthetic & Anti-Aging Center, LLC to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

III. Your Health Information Rights

1. You have the right to request restrictions on certain uses and disclosures of your health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply. Thrive Aesthetic & Anti-Aging Center, LLC is not required to agree to the restriction that you requested. If Dr. Maddox believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If Dr. Maddox does agree to the requested restriction, we may not use or disclose your protected health information in violation of the restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with Dr. Maddox or our Privacy Contract, Joey B. Collins. You may request a restriction by completing a "Request for Disclosure Restriction" and obtaining agreement by Dr. Maddox for such restrictions.
2. You have the right to receive your health information through a reasonable alternative means or at an alternative location. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Contact.
3. You have the right to inspect and copy your health information.
4. You have a right to request that Thrive Aesthetic & Anti-Aging Center, LLC amend your health information that is incorrect or incomplete. Thrive Aesthetic & Anti-Aging Center, LLC is not required to change your health information and will provide you with information about Thrive Aesthetic & Anti-Aging Center, LLC's denial and how you can disagree with the denial.
5. You have a right to receive an accounting of disclosures of your health information made by Thrive Aesthetic & Anti-Aging Center, LLC, except that Thrive Aesthetic & Anti-Aging Center, LLC does not have to account for the disclosures described in parts 1 (treatment), 2 (payment), 3 (health care operations), 4 (information provided to you), and 13 (certain government functions) of section I of this Notice of Privacy Practices.
6. You have a right to a paper copy of this Notice of Privacy Practices, upon request.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact

Our Privacy Officer:
Cathy Roche?
1706 NW Glisan St. Ste 2
Portland, OR 97209
503.241.3579

IV. Changes to this Notice of Privacy Practices

Thrive Aesthetic & Anti-Aging Center, LLC reserves the right to amend this Notice of Privacy Practices at any time in the future, and to make the new provisions effective for all information that it maintains, including information that was created or received prior to the date of such amendment. Until such amendment is made, Thrive Aesthetic & Anti-Aging Center, LLC is required by law to comply with this Notice. Any future amends to this Notice of Privacy Practices will be provided in writing to all patients upon their initial and/or subsequent visit.

V. Complaints

Complaints about this Notice of Privacy Practices or how Thrive Aesthetic & Anti-Aging Center, LLC's handles your health information should be directed to:

Our Privacy Officer:
Cathy Roche'
1706 NW Glisan St. Ste 2
Portland, OR 97209
503.241.3579

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

Department of Health and Human Services
Office of Civil Rights
Hubert H. Humphrey Bldg.
200 Independence Avenue, S.W.
Room 509F HHH Building
Washington, DC 20201

You may also address your complaint to one of the regional Offices for Civil Rights. A list of these offices can be found online at <http://www.hhs.gov/ocr/regmail.html>.



Skin Typing Test

One of the important parameters for the success of your treatment is the correct typing of your skin.

Skin type is often categorized according to the Fitzpatrick skin type scale which ranges from very fair (skin type I) to very dark (skin type VI). The two main factors that influence skin type and the treatment program devised by your doctor are:

- Genetic disposition
- Reaction to sun exposure and tanning habits

Skin type is determined genetically and is one of the many aspects of your overall appearance, which also includes color of eyes, hair, etc. The way your skin reacts to sun exposure is another important factor in correctly assessing your skin type. Recent tanning (sun bathing, artificial tanning or tanning creams) have a major impact on the evaluation of your skin color.

So, help us determine your skin type and treat you the right way.

Genetic Disposition					
Score	0	1	2	3	4
What is the color of your eyes?	Light blue, Gray, Green	Blue, Gray or Green	Blue	Dark Brown	Brownish Black
What is the natural color of your hair?	Sandy Red	Blond	Chestnut/Dark Blond	Dark Brown	Black
What is the color of your skin (non exposed areas)?	Reddish	Very Pale	Pale with Beige tint	Light Brown	Dark Brown
Do you have freckles on unexposed areas?	Many	Several	Few	Incidental	none
Total score for Genetic Disposition: _____					

Reaction to Sun Exposure

Score	0	1	2	3	4
What happens when you stay in the sun too long?	Painful redness, blistering, peeling	Blistering followed by peeling	Burns sometimes followed by peeling	Rare burns	Never had burns
To What degree do you turn brown?	Hardly or not at all	Light color tan	Reasonable tan	Tan very easy	Turn dark brown quickly
Do you turn brown within several hours after sun exposure?	Never	Seldom	Sometimes	Often	Always
How does your face react to the sun?	Very sensitive	Sensitive	Normal	Very resistant	Never had a problem

Total score for Reaction to Sun Exposure: _____

Tanning Habits

Score	0	1	2	3	4
When did you last expose your body to sun (or artificial sunlamp/tanning cream)?	More than 3 months ago	2-3 months ago	1-2 months ago	Less than a month ago	Less than 2 weeks ago
Did you expose the area to be treated to the sun?	Never	Hardly ever	Sometimes	Often	Always

Total score for Tanning Habits: _____

Add up the total scores for each of the three sections for your Skin Type Score.

Skin Type Score	Fitzpatrick Skin Type
0-7	I
8-16	II
17-25	III
25-30	IV
over 30	V-VI

I _____ attest that I have answered the above to the best of my knowledge.

Patient / Legal Guardian Signature _____ Date _____

Laser hair removal pre-treatment instructions:

Shave the area being treated the morning of your treatment or the night before.

Avoid tweezing, waxing, bleach, thread, or the use of depilatory agent for 4 weeks prior to treatment.

Avoid tanning for at least 4-6 weeks prior to treatment. Self tanning creams need to be completed faded prior to treatment.

Make sure all lotions, creams, and deodorants are removed before treatment.

Wear appropriate clothing for the treatment area (shorts or bikini, tang top, etc.)

If you are using a topical numbing cream it should be applied at least 45 minutes before your treatment and completely removed before your scheduled appointment time.

Your cooperation is essential for the success of the laser hair removal treatment. These pre-treatment instructions must be followed to maintain your appointment time. Not following these pretreatment instructions prior to your scheduled treatment time may result in a cancelled and charged treatment.

Medications and Medical Conditions:

Please inform the medical staff if you have any of the following medical conditions or are using the listed medications.

- Psoriasis
- Vitiligo
- History of keloids
- Bleeding disorder
- Cold sores or fever blisters

Medication list:

- Anti-biotics: Tetracyclines and Sulpha Types
- Ibuprofen
- Steroids
- Accutane
- Topical Acne Medications (retinoid base creams)

First appointment Checklist

Ready for your laser hair removal treatment?

To better assist your registration process we have provided this checklist so you don't miss what you need for your first appointment.

1. New General Patient Information Form Completed
2. Appointment Policy Form Signed
3. Hipaa Privacy Policy Read
4. Acknowledgement of Notice Form Signed
5. Skin typing Completed
6. Read and followed pre-treatment instructions on website