

VIRGINIA CENTER FOR PLASTIC SURGERY, PC
Eric Desman, M.D.

Patient Registration

PATIENT INFORMATION

Name: _____ Home Phone: _____
Last name First name middle initial

Street Address: _____

City: _____ State: _____ Zip: _____

Social Security #: _____ Birthdate: _____ Age: _____

Sex (circle): male female Marital Status (circle): single married widowed separated divorced

Employer: _____ Occupation: _____

Employer Address: _____

Work Phone: _____ Cell Phone: _____

Email address: _____

EMERGENCY CONTACT INFORMATION

In Case Of Emergency, Who Should Be Notified? _____

Phone: (Home) _____ (Work) _____ (Pager/cellular) _____

Relationship To Patient: _____

A copy of the Privacy Practice for Virginia Center for Plastic Surgery has been provided to me. I understand that it will be updated every three years and will be made available to me upon request. _____ (initials)

Periodically, we send updates via regular mail and email regarding our practice, sales and specials, and on plastic surgery topics.

- I WISH to receive updates from the practice. _____ (initials)
- I WISH to receive newsletters from the practice. _____ (initials)
- I DO NOT wish to receive newsletters from the practice. _____ (initials)
- I DO NOT wish to receive updates from the practice. _____ (initials)

HEALTH INSURANCE INFORMATION

PRIMARY Insurance Company Name: _____

Policyholder: _____ Relationship to Patient: _____

Insurance Company Address: _____

Ins. Co. Phone Number: _____ Ins. Co Fax # _____

Policy/Id #: _____ Group #: _____ Date of Birth: _____

VIRGINIA CENTER FOR PLASTIC SURGERY, PC
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New Patient History Form

Patient Name: _____

Today's Date: _____ Reason for today's visit: _____

Race/Ethnicity: White Black/African American Hispanic or Latino American Indian or Alaskan Native Pacific Islander or Native Hawaiian Asian Other _____

Whom may we thank for referring you to us? _____

Primary Care Physician: _____ Phone: _____

Current medications, including vitamins and herbal supplements: _____

Please circle all of the items below to which you have had an allergic reaction:

Iodine Latex rubber Local anesthetics (e.g. novocaine)

Do you drink alcohol? ___yes ___no (if yes, how much) _____

Do you smoke? ___yes ___no (if yes, how much) _____ Do you use recreational drugs? ___yes ___no

Do you have any drug allergies? ___yes ___no (if yes, please list) _____

Height: _____ Weight: _____

Please circle any of the following conditions you currently have or have had in the past:

- | | | |
|-----------------------|---------------------------|--------------------------------|
| AIDS or HIV infection | Epilepsy/convulsions | Liver disease |
| Anemia | Fainting/seizures | Low blood pressure |
| Angina | Fever blisters | Mental illness |
| Arthritis | Glaucoma | Mitral valve prolapse |
| Asthma | Heart attack | Psychological problems |
| Cancer | Heart disease | Radiation therapy |
| Cardiac pacemaker | Heart murmur | Respiratory/breathing problems |
| Chest pain | Hepatitis/jaundice | Rheumatic fever |
| Cold sores | High blood pressure | Stroke |
| Depression | Joint replacement/implant | Substance abuse |
| Diabetes | Kidney disease | Suicide attempts |
| Emphysema | Leukemia | Thyroid problems |

Have you had other cosmetic surgery procedures in the past? ___yes ___no Please list procedures: _____

Please list any other surgical procedures or other major medical conditions you would like to bring to the physician's attention that was not listed above _____

CONTINUED ON BACK . . .

Please circle any of the following conditions that have occurred in your family:

Anesthesia reaction	Heart disease
Asthma	High blood pressure
Cancer	Lung disease
Diabetes	Melanoma
Eczema	Skin cancer

Have you seen another physician for the same reason you are here today? ___yes ___no

The following questions help assess your risk for developing a blood clot/deep vein thrombosis (DVT) with surgery:

Have you had a previous DVT?	___yes ___no
Has anyone in your family ever had a DVT?	___yes ___no
Are you taking oral contraceptives?	___yes ___no
Have you ever had a miscarriage?	___yes ___no
Will you need to travel more than 30 minutes to this office for appointments?	___yes ___no

For women only:

Are you pregnant or think you may be pregnant?	___yes ___no
Are you nursing?	___yes ___no
Are you taking oral contraceptives?	___yes ___no
Do you perform self-breast exams?	___yes ___no

I certify that all of the above information is correct to the best of my knowledge. I will not hold my doctor or any members of the staff responsible for any errors or omissions that I may have made in the completion of this form.

Patient/Responsible Party Signature

Date

NOTICE OF PRIVACY DISCLOSURES AND PRACTICES
For
VIRGINIA CENTER FOR PLASTIC SURGERY, PC

Implemented April 1, 2003
Last revised November 1, 2008

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.

Understanding Your Health Records Information: Each time you visit a hospital, physician or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment and plan for future care or treatment. This information, often referred to as your health or medical records, serves as a basis for planning your care and treatment and serves as a means of communication among the many healthcare professionals who contribute to your care. Understanding what is in your records and how your health information is used helps you to ensure it's accuracy, better understand who, what, when, where and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

Your Health Information Rights: Unless otherwise required by law your health records are the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have the right to request a restriction on certain uses and disclosures of your information, and request amendments to your health record. This includes the right to obtain a paper copy of the information practices upon request, inspect, and obtain a copy of your health records. Obtain an accounting of disclosures of your health information, request communications of your health information by alternative means or at alternative locations, revoke your authorization to use or disclose health information except to the extent that action has already been taken.

Our Responsibility: The Virginia Center for Plastic Surgery is required to maintain the privacy of your health information. In addition, we are required to provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you. The Virginia Center for Plastic Surgery must abide by the terms of this notice, notify you if we are unable to agree to a requested restriction, accommodate reasonable requests you may have to communicate health information by alternative means or alternative locations. We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to the address you've supplied us. Should our information practices change, we will post our new notice on our Web site. We will not use or disclose your health information without your authorization, except as described in this notice.

For More Information or to Report a Problem: If you have questions and would like additional information, you may contact our office manager at (703) 924-3144. If you believe your privacy rights have been violated, you can file a complaint with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

EXAMPLES OF DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH OPERATIONS:

We will use your health information for treatment: For example: information obtained by a healthcare practitioner will be recorded in your records and used to determine the course of treatment that should work best for you. By way of example, Dr. Desman will document in your record his expectations of the members of your healthcare team. Members of your healthcare team will then record actions they took and their observations (example varies by practitioner type). We will also provide your other practitioners with copies of various reports that should assist them in treating you.

We will use your health information for payment: For example: A bill may be sent to you or a third party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

We will use your health information for regular health operations: For example: members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health records to access the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare service we provide.

Business Associates: There may be some services provided in our organization through contracts with Business Associates. Examples include physician services in the emergency department and radiology, certain laboratory tests and a copy service we use when making copies of your health records. When these services are contracted, we may disclose some or all of your health information to our Business Associate so that they can perform the job we've asked them to do. To protect your health information, however, we require the Business Associate to appropriately safeguard your information.

Notification. We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

Communication with Family: Dr. Desman, using his best judgment, may disclose to a family member, other relatives, close personal friends or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Funeral Directors: We may disclose health information to funeral directors consistent with applicable law to carry out their duties.

Organ Procurement Organizations: Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Food and Drug Administration (FDA): As required by law, we may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Workers' Compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs established by law.

Public Health: As required by law, we may disclose your health information to public health or legal authorities charged with tracking births and deaths, as well as with preventing or controlling disease, injury, or disability.

Law Enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena. Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

Notice of Privacy Practices Availability: This notice will be prominently posted in the office where registration occurs. Patients will be provided a hard copy and the notice will be maintained on our Web Site (www.vcps.com) for downloading.

Directions to Virginia Center for Plastic Surgery

6355 Walker Lane, Suite 510, Alexandria, VA 22310-3251

Phone (703) 924-3144



From Lorton:

Take Telegraph Road (VA-611) headed north. Turn Left onto Beulah St. (VA-613) headed north. One tenth of a mile after crossing Franconia Springfield Parkway, make a left onto Walker Lane. The building is down the road on your left.

From Centreville, Manassas, etc.

Take Fairfax County Parkway south. Continue on Parkway as it turns into Franconia Springfield Parkway. Cross over I95. Approximately 1 mile past I95, you will see the Inova HealthPlex building on your left. The left turn at the building is for ambulances only. Go past the building to the next traffic light. Make a U turn and come back 0.2 miles to the Walker lane entrance off of Franconia Springfield Parkway. If you are uncomfortable with the U turn (it is legal), then just make a left at that light (Beulah Street) and then turn left onto Walker Lane about 0.2 miles down the road there. From Fairfax County Parkway and 66, this should take 30-35 minutes.

Alternatively, take 66 east to 495 south, then follow directions from Tysons.

From Tyson's Corner:

Take 495 South (towards Richmond). Take Van Dorn exit (# 173) Bear right onto Van Dorn Street (VA-613 S). Go approximately 0.7 miles and turn right onto

Franconia Road (VA-613 S VA-644 W - yes Franconia Road has 2 different names on this stretch).

Go approximately ½ mile and turn left onto Beulah St (VA-613). Continue for just over a mile on Beulah and turn right onto Walker Lane.

If you get to the traffic light at Beulah and Franconia Parkway, you have just missed the front entrance to the building. Do not despair! Just make a right onto Franconia Parkway and go about 0.2 miles and make the first right. This will bring you on to the other end of Walker Lane, and the building will then be on your right. This should take ~ 30 minutes.

From Dumfries and points South:

Take I95 North. Take exit 169A - Spring Mall Rd. Go approximately ½ mile and turn right onto Frontier Drive. Within 2/10 of a mile on Frontier Drive, you will turn left onto ramp to Franconia-Springfield Parkway. Go down the Parkway for several tenths of a mile you will see the Inova HealthPlex building on your left. The left turn at the building is for ambulances only. Go past the building to the next traffic light. Make a U turn and come back 0.2 miles to the Walker lane entrance off of Franconia Springfield Parkway. If you are uncomfortable with the U turn (it is legal), then just make a left at that light (Beulah Street) and then turn left onto Walker Lane about 0.2 miles down the road there.

From Seven corners or D.C. by route 50:

Take 7E (Leesburg Pike) and follow 7E onto King Street. Go approximately 0.8 miles and get onto 395 South for 2.3 miles. Get off on exit 3A to VA-236 E (Duke St) go ~ ½ mile, Bear right on ramp to VA-401 S (Van Dorn St) Continue on Van Dorn Street ~ 2 miles. turn right onto Franconia Road (VA-613 S VA-644 W - yes Franconia Road has 2 different names on this stretch).

Go approximately ½ mile and Turn left onto Beulah St (VA-613). Continue for just over a mile on Beulah and turn right onto Walker Lane.

If you get to the traffic light at Beulah and Franconia Parkway, you have just missed the front entrance to the building. Do not despair! Just make a right onto Franconia Parkway and go about 0.2 miles and make the first right. This will bring you on to the other end of Walker Lane, and the building will then be on your right. From Duke Street, this should take about 15 minutes.

Alternatively, Take 50 west until you get to Capitol Beltway. Then Take 495 South (towards Richmond). Follow remainder of directions as from Tysons.

From Route 66 (Washington D.C., Arlington):

Take 66 West toward Manassas/Front Royal. Take the 495 South exit (towards Richmond). Take Van Dorn exit (# 173) Bear right onto Van Dorn Street (VA-613 S). Go approximately 0.7 miles and turn right onto Franconia Road (VA-613 S VA-644 W - yes Franconia Road has 2 different names on this stretch).

Go approximately ½ mile and Turn left onto Beulah St (VA-613). Continue for just over a mile on Beulah and turn right onto Walker Lane.

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From 395 (Duke Street area or D.C. from that side):

Take 395 South towards Richmond. exit 3A to VA-236 E (Duke St) go ~ ½ mile, Bear right on ramp to VA-401 S (Van Dorn St) Continue on Van Dorn Street ~ 2 miles. turn right onto Franconia Road (VA-613 S VA-644 W - yes Franconia Road has 2 different names on this stretch).

Go approximately ½ mile and Turn left onto Beulah St (VA-613). Continue for just over a mile on Beulah and turn right onto Walker Lane.

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