



Joshua Katz, MD
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110 Cedar Street, Suite 110
Wellesley, MA 02481

Name: _____
Last First MI

Date of Birth: ____ / ____ / _____ Social Security (last 4): XXX-XX-_____ Sex: M F

ADDRESS Street: _____	
City: _____	State: _____ Zip Code: _____
Primary Phone: _____	Secondary Phone: _____
Email: _____	
Primary Care Physician: _____	Phone: _____
Address: _____	
PRIMARY INSURANCE	SECONDARY INSURANCE
Name: _____	Name: _____
Policy / ID: _____	Policy / ID: _____
Group #: _____	Group #: _____

Emergency Contact: _____ Relationship: _____

Primary Phone: _____ Secondary Phone: _____

Medical Information and Payment Authorization

I request that payment of authorized medical benefits be made on my behalf to The Elliot Lewis Center for services rendered. I authorize any holder of medical information about me to release to the Health Care Financing Administration and its agents, or other insurer, any information to determine these benefits payable for related services.

Signature: _____ Date: _____



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Notice of Privacy Rights & Practices

This notice explains how medical information may be used and disclosed and how you may have access to this information. Please review carefully.

Examples of how we can use and disclose your information without your authorization include:

Treatment: the office keeps records of each visit, including test results, diagnoses, and medications. These records are used and disclosed to allow doctors, nurses and health care staff to provide high quality care to meet your needs.

Payment: the office may use and disclose information related to services you receive at your visits, so we can be paid by you, your insurance company, and/or a third party. We may disclose an upcoming treatment or service to your health plan for prior authorization or approval.

Health Care Operations: the office uses and discloses your medical information to improve services and train staff.

Additional Uses and Disclosures

There are additional times when we are required or permitted to use or disclose medical information without your permission:

- Emergency treatment situations
- Reporting abuse or neglect
- Workers compensation
- To avert a serious threat to public or safety
- For public health activities
- For health oversight activities
- For research following an appropriate review or waiver of authorization
- For coroners, medical examiners and funeral directors
- For correctional institutions
- For government functions
- For law enforcement
- If required by law

I, _____,
(Name)

have received a copy of The Elliot Lewis Center Notice of Privacy Practices.

Signature