

## NEW PATIENT ENROLLMENT

Please read and complete each of the documents listed below as completely as possible. These documents are intended to be resources for you, as well as aids to Dr. Watkins in providing your care and treatment.

Enclosed please find the following documents for you to carefully review and complete:

- New Patient Registration Form
- Notice of Privacy Practices and Policies
- Notice of Office Policies and Procedures
- Combined Acknowledgement of Receipt of Notice of Privacy Practices and Policies and Acknowledgement of Receipt of Notice of Office Policies and Procedures

You may keep the Notice of Privacy Practices and Policies and Notice of Office Policies and Procedures for your reference. Please feel free to request copies of any other forms.

# MELANIE M. WATKINS MD

1535 NORTH MAIN STREET, SUITE 270 | WALNUT CREEK, CA 94596 | (925) 212 - 5744

## NEW PATIENT REGISTRATION

GENERAL INFORMATION				
Name:				
DOB (mm/dd/yyyy)				
Mailing Address:				
City, State, ZIP:				
SSN:				
EMPLOYER:				
Home Telephone:		May we leave a message?	Yes	No
Work Telephone:		May we leave a message?	Yes	No
Cellular Telephone:		May we leave a message?	Yes	No
E- mail:		May we send a message?	Yes	No

## MEDICAL AND REFERRAL INFORMATION

**Full Name of Primary Care Provider:** \_\_\_\_\_

**Primary Care Provider's Telephone:** \_\_\_\_\_

**Full Name of Referring Physician:** \_\_\_\_\_

**Referring Physician's Telephone:** \_\_\_\_\_

**Name of Pharmacy:** \_\_\_\_\_

**Pharmacy Telephone:** \_\_\_\_\_

**Pharmacy Fax:** \_\_\_\_\_

**Who referred you to our practice?** \_\_\_\_\_

## EMERGENCY CONTACT

**Full Name of Contact Person:** \_\_\_\_\_

**Their Relationship to you:** \_\_\_\_\_

**Their Home Telephone:** \_\_\_\_\_

**Their Work Telephone:** \_\_\_\_\_

**Their Cellular Telephone:** \_\_\_\_\_

**Other Contact Info:** \_\_\_\_\_

## NOTICE OF PRIVACY PRACTICES AND POLICIES

*EFFECTIVE JULY 1, 2015, AS REQUIRED BY FEDERAL LEGISLATION, THIS NOTICE DESCRIBES HOW HEALTHCARE INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.*

This notice applies to all of the paper and/or electronic records of your care maintained by Dr. Watkins whether created by Dr. Watkins, personnel or records acquired from outside resources such as other clinicians involved in your care and laboratory reports.

### WAYS THE PRACTICE MAY USE AND DISCLOSE YOUR INFORMATION

The following categories describe ways that Dr. Watkins may use and share your confidential information. Confidential information includes Protected Health Information (PHI) (information that could be used to identify you). Not every use or disclosure in a category is listed. However, all of the ways Dr. Watkins is permitted to use and disclose information will fall within one of the following categories.

#### A. DISCLOSURES WHICH REQUIRE AUTHORIZATION

Psychotherapy notes are handled separately under HIPAA and have additional protections. Specifically, the regulations state that in most instances a practice must obtain an authorization for any use or disclosure of psychotherapy notes. No authorization is needed to carry out treatment, payment, or healthcare operations and the uses listed in routine situations. All other circumstances require a valid authorization from you for use and disclosure.

#### B. ROUTINE SITUATIONS

**1. For Treatment:**

Dr. Watkins may use information about you to provide you with medical treatment or services. Treatment is when Dr. Watkins provides, coordinates, or manages your healthcare and other services related to your healthcare. An example of treatment is when Dr. Watkins consults with another healthcare provider, such as your primary care physician.

**2. For Healthcare Operations:**

Dr. Watkins may use and share information about you for administrative functions necessary to run her practice and promote quality care. Dr. Watkins may share information with business associates who provide services necessary to run the practice, such as transcription companies or billing services. Dr. Watkins will contractually bind these third parties to protect your information as she would.

**3. Communicating with You and Others Involved in Your Care:**

Dr. Watkins or her receptionist may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. In emergencies or other situations in which you are unable to indicate your preference, Dr. Watkins may need to share information about you with other individuals or organizations to coordinate your care or notify your family.

## C. SPECIAL SITUATIONS

**1. As Required by Law:**

Dr. Watkins will disclose information about you when required to do so by federal, state or local law. For example, Dr. Watkins may release information about you in response to a valid court subpoena.

**2. Health Oversight Activities:**

Dr. Watkins may disclose information to a health oversight agency for activities authorized by law. These oversight activities include, for example: audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the healthcare system, government programs, and compliance with civil rights laws.

**3. For Judicial or Administrative Proceedings:**

If you are involved in a court proceeding and a request is made for information about the professional services that you have received within my practice and the records thereof, such information may be privileged under state law, and Dr. Watkins will not release information without the written authorization of you or your legal representative, or in instance of issuance. This may also be the case in the instance of a court subpoena requiring provision of such information of which you have been properly notified and in response to which you have not opposed the court subpoena within the legally specified format and timeframe, or in the instance of the issuance of a court order compelling me to provide Protected Health Information (PHI). This privilege does not apply when you are being evaluated for a third party or where the evaluation is court-ordered. You will be informed in advance if this is the case.

**4. To Avert Serious Threat to Health or Safety:**

Dr. Watkins may disclose your confidential mental health information to any person without authorization if she believes reasonably that disclosure will avoid or minimize imminent danger to your health or safety, or the health or safety of any other individual. These disclosures may be to law enforcement officials to respond to a violent crime or to protect the target of a violent crime. For example, threat of harming another individual may be reported to appropriate authorities.

**5. Worker's Compensation:**

Dr. Watkins does not participate in worker's compensation claims.

**6. Public Health Risks:**

Dr. Watkins may disclose information about you for public health activities. These activities generally include, but are not limited to, the following:

- a. To prevent or control disease, injury, or disability
- b. To report child abuse or neglect
- c. To report adult and domestic abuse
- d. To report reactions to medications or problems with products
- e. To notify people of recalls of products they may be using
- f. To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition
- g. To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence.

**7. Law Enforcement:**

Dr. Watkins may release information about you if asked to do so by a law enforcement official:

- a. In response to a court order, subpoena, warrant, summons, or similar process
- b. To identify or locate a suspect, fugitive, material witness, or missing person
- c. If you are suspected to be a victim of a crime, generally with your permission
- d. About a death we believe may be the result of criminal conduct
- e. About criminal conduct at the hospital
- f. In emergency circumstances, to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime

## YOUR RIGHTS AS A PATIENT

In addition to provisions by the practice to protect your confidential information, you are entitled to six (6) specific rights as a patient. Request forms are available from Dr. Watkins for your assistance.

1. **You have the right to request restrictions on certain uses and disclosures.** You have the right to request a restriction or limitation on the use and sharing of information about you for treatment, payment, administrative functions, or with individuals involved in your care. To request restrictions, you must make your request in writing to Dr. Watkins. In your request, you must tell Dr. Watkins (1) what information you want to limit; (2) whether you want to limit use, disclosure, or both; and (3) to whom you want it to apply. Dr. Watkins is not required to agree to your request. If Dr. Watkins agrees, she will comply with your request unless the information is needed to provide you with emergency treatment.
2. **You have the right to receive confidential communications.** You have the right to request that we communicate with you in a certain way or at a certain location. For example, you can ask that Dr. Watkins only contact you at work or at a post office box. To request confidential communications, you must make your request in writing to Dr. Watkins. Your request must specify how or where you wish to be contacted. Dr. Watkins will not ask you the reason for your request. Dr. Watkins will seek to accommodate all reasonable requests.
3. **You have the right to inspect and obtain copies.** You have the right to review and obtain copies of information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes, information compiled in reasonable anticipation of a legal action or proceeding; and confidential information related to certain laboratory tests under Clinical Laboratory Improvement Amendments (CLIA). To inspect and copy information that may be used to make decisions about you, you must submit your request to me in writing. You may be charged a fee for the costs of copying, mailing or other supplies associated with your request. In the following circumstances Dr. Watkins may deny your request to inspect and copy information.
  - a. Dr. Watkins has determined, in the exercise of professional judgment, that the access requested is reasonably likely to endanger the life or physical safety of you or another person
  - b. The information makes reference to another person (unless the other person is a healthcare provider) and Dr. Watkins has determined, in the exercise of professional judgment that the access requested is reasonably likely to cause substantial harm to the other person
  - c. The request for access is made by your representative and Dr. Watkins have determined, in the exercise of professional judgment that the provision of access to your personal representative is reasonably likely to cause substantial harm to you or another person. If you are denied access, you may request a review of the denial by another licensed medical practitioner. Dr. Watkins will comply with the outcome of the review.

4. **You have the right to amend confidential information.** If you feel that the information Dr. Watkins has about you is incorrect or incomplete, you may ask Dr. Watkins to amend the information. You have the right to request an amendment for as long as the information is kept by or for my practice. To request an amendment, your request and a reason that supports your request must be made in writing and submitted to me. Dr. Watkins may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, Dr. Watkins may deny your request if you ask her to amend information that:
  - a. Was not created by Dr. Watkins' practice, unless the person or entity that created the information is no longer available to make the amendment. In such instances Dr. Watkins would consider the request.
  - b. Is not part of the information kept by or for Dr. Watkins' practice
  - c. Is not part of the information which you would be permitted to inspect and copy
  - d. Is accurate and complete
5. **You have the right to receive an accounting of disclosures of confidential information.** You may ask to receive an accounting of certain disclosures made about you that were not related to the routine uses listed above. To request this list or accounting of disclosures, you must submit your request in writing to Dr. Watkins. Your request must state a time period that may not be longer than six (6) years and indicate what format you want the list (for example on paper or in an electronic file). The first list you request will be free. For additional lists, Dr. Watkins may charge you the cost of providing the list. She will notify you of the estimated cost involved and you may choose to withdraw or modify your requests because any costs are incurred. Disclosures do not have to be made when those disclosures are:
  - a. To carry out treatment, payment and healthcare operations
  - b. To individuals of confidential information about them
  - c. As a result of assigned authorization
  - d. For the practice's directory or to persons involved in your care
  - e. For national security or intelligence purposes; or
  - f. To correctional institutions or law enforcement officials
6. **You have the right to obtain a paper copy of this Notice upon request.** Even if you have requested an electronic copy, Dr. Watkins will provide you with a paper copy of this Notice at your request.

## DR. WATKINS PRACTICE'S DUTIES

In addition to your rights as a patient, Dr. Watkins' practice has duties to protect your confidential information and inform you of changes to protection measures. Dr. Watkins is required by law to maintain the privacy of confidential information and provide you with notice of Dr. Watkins' legal duties and privacy practices with respect to such information. Dr. Watkins is required to abide by the terms of this Notice currently in effect.

# MELANIE M. WATKINS MD

---

1535 NORTH MAIN STREET, SUITE 270 | WALNUT CREEK, CA 94596 | (925) 212 - 5744

## CHANGES TO THIS NOTICE

Dr. Watkins reserves the right to revise or change provisions of this notice. Dr. Watkins will make the new Notice provisions effective for all confidential information she maintains. She will promptly revise and distribute a Notice whenever there is a change to the uses or disclosures, your rights, and her duties, or to her privacy practices stated in this Notice. She will mail updates of the notice to all active patients. Patients who are inactive at the time of mailing may receive an updated copy at their next scheduled appointment. A copy of the current Notice will be available throughout Dr. Watkins' practice. The Notice will contain the effective date on the top of the first page.

## COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with Dr. Watkins or with the California State Department of Health Services. All complaints must be submitted or verified in writing. You have specific rights under the Privacy Rule. You will not be penalized for filing a complaint.

## OTHER USES OF INFORMATION

Other uses and disclosures of information not covered by this notice or the laws that apply to Dr. Watkins' practice will be made only with your written permission. If you provide the practice with specific permission to use or disclose information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, Dr. Watkins will no longer use or disclose information about you for the reasons covered by your written authorization. You understand that Dr. Watkins is unable to take back any disclosures that have already been made with your permission and that she is required to retain records of the care provided to you.

## PRIVACY OFFICER

Dr. Watkins is the privacy officer for her practice. You may contact her with questions or comments by telephone at (925) 212-5744 or by mail to Attention: Dr. Melanie M. Watkins, 1535 North Main Street, Suite 270, Walnut Creek CA 94596.

## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICE

Dr. Watkins is required to provide you with a copy of this Notice and document your receipt. Please fill out an Acknowledgement of Receipt of Notice of Privacy after receiving this Notice. You may contact Dr. Watkins with questions or comments by telephone at (925) 212- 5744, or by mail to Melanie M. Watkins MD, 1535 North Main Street, Suite 270, Walnut Creek CA 94596.



## NOTICE OF OFFICE POLICIES AND PROCEDURES

EFFECTIVE JULY 1, 2015

### PURPOSE OF THIS INFORMATION

In order for Dr. Watkins to provide the best care possible, she wants her patients to have as much pertinent information as is possible. If you have any questions or concerns about the healthcare or business practices of this office, please feel free to discuss them with Dr. Watkins.

### PRIVACY AND RELEASE OF INFORMATION

Services you receive in this office are confidential, except in the circumstances listed below.

1. Threats of harm to self or others
2. Abuse of a child, vulnerable adult, or developmentally disabled person
3. A court order to release information
4. Subpoena of treatment records by an attorney. If you do not want this information released, you must obtain a protective order from the court within fourteen (14) days.
5. If you will be applying your health insurance benefits, we may be required to provide information to your health plan, including some or all of your record of treatment, in order for your carrier to pay for services. By signing the Acknowledgement of Receipt of Office Policies and Procedures form you consent to release of that information to your health plan. *Psychotherapy notes are handled separately under HIPAA and have additional protections.*
6. If you are party to child custody litigation at any time in the future, the court may order release of information about your treatment in this office.
7. In some instances, as provided by California law, information about your healthcare may be exchanged with other healthcare professionals involved in your treatment.

In circumstances other than these, Dr. Watkins will not release information about your treatment without your authorization.

### EMERGENCY CONTACT

Messages left on voicemail are retrieved regularly and calls are returned as soon as possible. If you need more rapid attention for your own or someone else's safety, do not delay while waiting for Dr. Watkins to return your telephone call. *Please call 9-1-1 or report to the nearest hospital emergency room.*

### PATIENT RECORDS

A file is kept of services you receive in this office. You have a right to see the record and receive a copy of it upon request. You may ask that factual errors in the record be corrected. You may authorize in writing that copies of the record be released to entities you designate, at your expense, according to charges stipulated by California law. Under certain circumstances where seeing the record may put a patient or other person at risk, Dr. Watkins may redact certain information in the record and/or require that you review the record in consultation with another healthcare provider. You may receive an accounting of non-routine uses and disclosures of your record.

# MELANIE M. WATKINS MD

1535 NORTH MAIN STREET, SUITE 270 | WALNUT CREEK, CA 94596 | (925) 212 - 5744

You may receive a free copy of your record and a free accounting of time disclosure(s) one time each year. Please contact Dr. Watkins in writing to obtain these documents: **Dr. Melanie M. Watkins, 1535 North Main Street, Suite 270, Walnut Creek CA 94596.**

## SECURITY PROCEDURES

Dr. Watkins makes reasonable efforts to prevent access and disclosure to unauthorized personnel. Dr. Watkins requires business associates to abide by all applicable privacy regulations.

## UNPAID BILLS

It is important that you discuss with Dr. Watkins any financial hardship that you may have. Doing so may allow physician and patient to arrive at a mutually agreeable payment plan that allows the continuation of your treatment. If this cannot be accomplished, seriously delinquent accounts may be referred to a collection agency and the relationship as physician and patient may have to be terminated. Information necessary to effect collection will be released to the collection agent. Should it become necessary to file suit in this context, you agree to pay reasonable attorney fees. A service fee of 1.5% will be charged on balances more than thirty (30) days past due.

## LATE CANCELLATIONS AND MISSED APPOINTMENTS

Failure to keep a scheduled appointment will result in a charge for the full fee of the scheduled appointment, unless you cancel at least forty-eight (48) hours prior to the appointment time.

## GRIEVANCE PROCEDURES AND COMPLAINTS

If you have any questions or concerns about administrative or business matters in this office, please discuss them with Dr. Watkins.

If you have any questions or concerns about your treatment, you are encouraged to discuss them with Dr. Watkins. In addition, or instead, the following avenues are available:

1. You may contact your health insurance plan or behavioral health benefit manager;
2. If you feel the problem is serious and/or you have not reached resolution through one of the avenues above, you can file a complaint with the California State Department of Health Services. Their mailing address is The Department of Health Services, Licensing and Certification, 350 90th Street, 2nd Floor, Daly City, CA and their telephone number is (800) 554-0353.
3. You may also file complaints regarding privacy practices to the Secretary of the U.S. Department of Health and Human Services.

## FEES

Fees are ( \$450.00 ) for the first appointment in an episode of care. Fees for subsequent individual appointments are ( \$325.00 ) for an appointment of ( 50 ) minutes and ( \$250.00 ) for an appointment of ( 25 ) minutes. Credit card is preferred.

These fees are subject to change; however, any changes will be discussed with you. Fees for other services are by arrangement.

# MELANIE M. WATKINS MD

---

1535 NORTH MAIN STREET, SUITE 270 | WALNUT CREEK, CA 94596 | (925) 212 - 5744

## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES AND POLICIES

In order to comply with HIPAA standards, each practice must obtain a signed acknowledgement that each direct treatment patient has received its Notice of Privacy Practices or must document a good faith effort to provide the Notice and receive a written acknowledgement of receipt. This will allow practices to use or disclose confidential information (protected health information) for treatment, payment, or health care operations.

NOTICE TO PATIENTS: Medical doctors are licensed and regulated by the Medical Board of California. To check up on a license or to file a complaint go to [www.mbc.ca.gov](http://www.mbc.ca.gov), email: [licensecheck@mbc.ca.gov](mailto:licensecheck@mbc.ca.gov) or call 800-633-2322.

The Open Payments database is a federal tool used to search payments made by drug and device companies to physicians and teaching hospitals. It can be found at <https://openpaymentsdata.cms.gov>.

I have received a copy of the Notice of Privacy Practices from:

Melanie M. Watkins MD  
1535 North Main Street, Suite 270  
Walnut Creek, CA 94596

---

**Patient Signature**

---

**Date**

The authorization below is given on the patient's behalf because the patient is either a minor or unable to sign.

---

**Name**

---

**Relationship to Patient**

---

**Signature**

---

**Date**

## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF OFFICE POLICIES AND PROCEDURES

I have received a copy of Melanie M. Watkins MD's Office Policies and Procedures. I understand and agree to abide by them and consent to receive treatment. I understand and agree to abide by the late cancellation and missed appointment policy.

---

**Patient Signature**

---

**Date**

The authorization below is given on the patient's behalf because the patient is either a minor or unable to sign.

---

**Name**

---

**Relationship to Patient**

---

**Signature**

---

**Date**

## FOR INTERNAL USE ONLY

If you were unable to obtain an Acknowledgement of Receipt or unable to obtain a signature for the Acknowledgement of Receipt, please state the reason below. Please include your name.