

# Arthritis & Rheumatology Associates of SJ, P.C.

2848 S. Delsea Drive, Ste. 2C, Vineland, NJ 08360

Phone: (856) 794-9090 Fax: (856) 794-3058

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_ I acknowledge that I have received a copy of "Notice of Privacy Practices" & office policies from Arthritis & Rheumatology Assoc. of SJ

I hereby grant my permission for disclosure of my personal health information to:

1. \_\_\_\_\_ Relationship \_\_\_\_\_
2. \_\_\_\_\_ Relationship \_\_\_\_\_
3. \_\_\_\_\_ Relationship \_\_\_\_\_

### Check Choice below:

\_\_\_\_ I hereby give my permission for Arthritis & Rheumatology Assoc. of SJ staff to leave information on my answering machine/voice mail in reference to appointments & and medical instructions.

\_\_\_\_ I refuse disclosure of my personal health information to anyone other than myself.

**Do you have a Living Will or Advanced Directive? Yes: \_\_\_\_ No: \_\_\_\_**

Arthritis & Rheumatology Assoc. of SJ photographs patients and places the photo inside of the patient's chart. We do this to help to prevent medical errors and identity theft. **Do you consent to be photographed? Yes: \_\_\_\_ No: \_\_\_\_**

**Note: All co-pays are due at the time of service. A \$30 fee may be assessed for "no-show" appointments. All balances are due in 30 days unless special arrangements are made. We do not routinely call for delinquent accounts. Accounts that are greater than 90 days past due are sent for collections unless payment arrangements have been made and are current. You will be responsible for any balances due to lack of coverage and pre-existing conditions not covered under your plan.**

Patient/Guarantor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Do you have a language barrier or cultural and/or religious custom which may impact our provider's ability to provide medical care?

What type?  Language Barrier  Cultural Custom  
 Religious Custom  None