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PACIFIC HEIGHTS PLASTIC SURGERY  
JONATHAN L. KAPLAN, M.D., M.P.H., F.A.C.S.  
AESTHETIC AND RECONSTRUCTIVE SURGERY

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Marital status: S M WID DIV Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M / F

NEW patient / RETURNING patient Allergies: \_\_\_\_\_ Smoking: Y N Alcohol: Y N

Medications: \_\_\_\_\_

**Please put a check next to your preferred primary contact:**

Email: \_\_\_\_\_  Work Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_  Home Phone #: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

In Case of Emergency Contact: \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

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Primary Physician: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ Address: \_\_\_\_\_

Referred By: \_\_\_\_\_ May we thank them?  Yes  No

Internet Source:  Google  Yahoo  Yelp  BuildMyBod

Today I would like to learn more about (Please write in the procedure(s) of interest): \_\_\_\_\_

My time frame for surgery is (circle one):

As soon as possible                      1 - 3 months                      6 - 12 months                      I have not yet decided

My estimated budget for surgery is:

Estimate \$ \_\_\_\_\_ to \$ \_\_\_\_\_  I would like to learn about financing options  Undecided

Electronic Communication Policy: Dr. Kaplan is happy to communicate with you via email, Skype or any electronic communication when you request a consult or have questions or concerns. If you initiate electronic communication rather than the alternative of an in-person consult or talking to Dr. Kaplan by phone, you accept the risks of using unsecured electronic communications, which could result in the intercepting of protected health information (PHI) by unaffiliated parties. By signing below, you are stating that you've been notified of the risks, benefits and alternatives of electronic communications.

Signature: \_\_\_\_\_

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**Compliance Assurance Notification**

To our Valued Patients:

We want you to know we take the protection of your Personal Health Information (PHI) very seriously. We want you to know all of our employees; managers and doctors continually undergo training so that they may understand and comply with government rules and regulations regarding the Health Insurance Portability and Accountability Act (HIPAA) with particular emphasis on the "Privacy Rule". We strive to achieve the very highest standards of ethics and integrity in performing services for our patients. It is our policy to properly determine appropriate uses of PHI in accordance with the governmental rules, laws and regulations. We want to ensure that our practice never contributes in any way to the growing problems of improper disclosure of PHI. As part of this plan, we have implemented a Compliance Program that we believe will help up prevent any inappropriate use of PHI and we welcome your input regarding any service problems, so that we may remedy the situation promptly.

Email Policy: Dr. Kaplan is happy to communicate with you via email when you have questions or concerns. If you initiate email correspondence rather than the alternative of talking to Dr. Kaplan by phone, you accept the risks of using unsecure email accounts, which could result in the intercepting of protected health information (PHI) by unaffiliated parties. By signing below, you are stating that you've been notified of the risks, benefits and alternatives of email correspondence.

**Patient Consent Form**

The Department of Health and Human Services has established a "Privacy Rule" to help insure that personal health care information is protected for privacy. The Privacy Rule was also created in order to provide a standard for certain health care providers to obtain patients' consents for uses and disclosures of health information about the patient to carryout treatment, payment, or health care operations.

As our patient, we want you to know that we respect the privacy of your personal medical records and will do all we can to secure and protect that privacy. We strive to always take reasonable precautions to protect your privacy. When it is appropriate and necessary, we provide the minimum necessary information to only those we feel are in need of your health care information and information about treatment, payment or healthcare operations, in order to provide health care that is in your best interest.

We also want you to know that we support full access to your personal medical records. We may have indirect treatment relationships with you (such as laboratories that only interact with physicians and not patients), and may have to disclose personal health information for purposes of treatment, payment, or health care operations. These entitles are most often not required to obtain patient consent.

You may refuse to consent to the use of disclosure of your personal health information, but this must be in writing. Under this law, we have the right to refuse to treat you should you choose to refuse to disclose your Personal Health Information (PHI). If you choose to give consent in this document, at some future time you may request to refuse all or part of your PHI. You may not revoke actions that have already been taken which relied on this or a previously signed consent.

If you have any objections to this form, please ask to speak with our HIPAA Compliance Officer. You have the right to review our privacy notice, to request restrictions and revoke consent in writing after you have reviewed our privacy notice.

Thank you,  
Jonathan Kaplan, M.D., M.P.H., F.A.C.S. and Staff

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Financial Policies for Cosmetic Surgery/CoolSculpting**

In keeping with the policies set forth by the American Society of Plastic and Reconstructive Surgeons, all fees are payable in advance. Cash, checks or credit cards (Visa, MC, American Express) are accepted forms of payment. Financing is also available through CareCredit. **Please note that when paying for surgery with a credit card or financing, up to an additional 3.5% finance fee will be added to your total.**

**CONSULTATION:**

The consultation fee is \$100. You are charged at the time you schedule your consultation. The \$100 goes towards any products or services purchased at the time of your consultation. You can reschedule your appointment once and if your appointment is missed or you need to reschedule a second time, you will be charged another \$100 and the initial \$100 you paid will not be credited towards any subsequent purchases.

**APPOINTMENT CANCELLATION POLICY:**

Our office strictly enforces a 48-hour cancellation policy and requires new patients to confirm an appointment with a valid credit card. If you are unable to keep an appointment you must call our office at least 48 hours in advance to avoid losing your \$100 consultation fee. To reach us after-hours, please call the office and leave a message. We will retrieve your time- stamped message on the following business day and process your request.

**SURGICAL/COOLSCULPTING SCHEDULING DEPOSIT:**

When booking your surgery, a \$2000 non-refundable deposit is required which is credited toward your surgical fees. If your surgery treatment date is within 2 weeks of the time that you book your procedure, the full payment is required at the time of booking.

When booking your CoolSculpting, a \$500 non-refundable deposit is required which is credited toward your CoolSculpting fees. If your CoolSculpting treatment date is within 2 weeks of the time that you book your treatment, the full payment is required at the time of booking.

Initial here:

**IF YOU BOOK SURGERY AND PAY IN FULL AT THE TIME OF YOUR CONSULTATION, YOU WILL RECEIVE A \$1000 DISCOUNT ON THE TOTAL COST. HOWEVER, THE OPERATION MUST BE SCHEDULED WITHIN 1-2 MONTHS AND THE ENTIRE FEE IS NON-REFUNDABLE. WE WILL PROVIDE**

YOU WITH A 24-HOUR GRACE PERIOD SO IF YOU CANCEL WITHIN 24 HOURS OF PAYMENT, THE ENTIRE FEE MINUS THE \$2000 "DEPOSIT", IS REFUNDABLE. THESE RULES ALSO PERTAIN TO OUR SEASONAL "OFFERS" (e.g. 25% OFF).

#### SURGICAL/COOLSCULPTING FEES:

Preoperative visits, photos, routine postoperative care, suture removal, follow up examinations are included in your surgical/CoolSculpting fees. All surgical and operating room fees or CoolSculpting fees are due 2 weeks prior to your surgery date. Our Patient Care Coordinator will discuss payment with you.

#### RESCHEDULING SURGERY:

Should you need to reschedule 14 to 8 days prior to surgery, there is an additional rescheduling fee of \$750. Rescheduling 7 days or less prior to surgery, the additional rescheduling fee is \$1000. Our office must receive payment before any new changes to the surgery schedule are made.

#### CANCELING SURGERY:

Should you need to cancel a scheduled surgery 14 to 8 days prior to surgery/treatment, your operating room/anesthesia and ancillary fees are non-refundable. Additionally, if you cancel within 7 days or less, 50% of the surgeon's fee is non-refundable. If your surgery is canceled 48 hours prior to your surgical date, Pacific Heights Plastic Surgery total fees will not be refundable. Again, the importance of adhering to the scheduled surgery date cannot be overemphasized. CoolSculpting fees will not be refunded after payment. You are welcome to reschedule as needed without penalty.

Initial here:

\_\_\_\_\_ IF YOU BOOK SURGERY AND PAY IN FULL AT THE TIME OF YOUR CONSULTATION, YOU WILL RECEIVE A \$1000 DISCOUNT ON THE TOTAL COST. HOWEVER, THE OPERATION MUST BE SCHEDULED WITHIN 1-2 MONTHS AND THE ENTIRE FEE IS NON-REFUNDABLE. WE WILL PROVIDE YOU WITH A 24-HOUR GRACE PERIOD SO IF YOU CANCEL WITHIN 24 HOURS OF PAYMENT, THE ENTIRE FEE MINUS THE \$2000 "DEPOSIT", IS REFUNDABLE. THESE RULES ALSO PERTAIN TO OUR SEASONAL "OFFERS" (e.g. 25% OFF).

#### REVISION FEES:

In the rare event that within the first six months of your surgery, refinement or further improvement is necessary, there will be no surgical fee; however an operating room and anesthesia fee will be charged. Dr. Jonathan Kaplan encourages complete post operative care and follow-up interaction to address any issues that might arise.

SEPARATE FEES:

The following fees are separate from Pacific Heights Plastic Surgery surgical fee, anesthesia and operating room charges:

- Any outside lab work (which includes pathology reports for skin lesions), overnight nursing, x-rays, recovery centers, all necessary routine prescription medications, extra postoperative supplies and extra liposuction garments.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_