Boca Raton Foot & Ankle Specialists PLLC
16244 S Military Trl Ste 460 Delray Beach, FL 33484
Email: care@bocafootankle.com
Tel: (561) 206-4746

Patient Registration: Demographics

_____ _____/_____/_____ _____
Patient name (Last, First, MI) *Date of birth (DOB)* *SSN*

_____ _____ _____ _____
Patient address *City* *State* *ZIP*

Patient Birth Sex: [ ] Male [ ] Female _____ _____
Occupation/Employer *Marital Status*

_____ Phone Type: [ ] Home [ ] Cell _____
Preferred phone number *Email address*

Ethnicity: [ ] Not hispanic or latino [ ] Hispanic or latino

Race: [ ] White [ ] Black [ ] Asian [ ] American Indian/Alaska Native [ ] Hawaiian or Pacific Islander

_____ _____/_____/_____ _____
Primary care provider/physician *Date last seen* *Preferred pharmacy name*

_____ _____
Pharmacy phone number *Pharmacy address (street, number, city, state, zip)*

Patient Registration: Insurance (if applicable)

_____ _____ Policy Holder: [ ] Self [ ] Someone else
Primary insurance *Identification number*

_____ _____/_____/_____ _____ _____
Policy holder's name (if different) *Policy holder's DOB* *Policy holder's SSN* *Relationship*

_____ _____ Policy Holder: [ ] Self [ ] Someone else
Secondary insurance *Identification number*

_____ _____/_____/_____ _____ _____
Policy holder's name (if different) *Policy holder's DOB* *Policy holder's SSN* *Relationship*

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Patient Registration: Referral

Referred by: [ ] Doctor: _____ [ ] Patient [ ] Google [ ] Website [ ] Other: _____

Patient Registration: Minor Patient

_____ _____ ____/____/_____
Parent or legal guardian *Relationship to patient* *Date of birth*

_____ _____ _____ _____
Address (leave blank if same as patient) *City* *State* *ZIP*

Patient Registration: Emergency Contact

_____ _____ _____
Contact name *Relationship to patient* *Phone number*

1. **Consent for Treatment:** I hereby request the professional medical services of Boca Raton Foot & Ankle Specialists PLLC and Andrew Immler, DPM.
2. **Assignment of Benefits:** I authorize the release of my medical information necessary to process insurance claims, and also authorize payment of medical benefits to Boca Raton Foot & Ankle Specialists PLLC and Andrew Immler, DPM.
3. **Financial Agreement:** I understand that this office will only file insurance claims to plans in which they participate. If my insurance does not pay, I will be financially responsible for payment in full. If I am covered by a plan that they do not participate in, payment will be expected of me at the time of service. I understand and agree that all products and elective treatments and services not covered by my insurance plan must be paid for in full at the time of purchase or service. I will be financially responsible for any attorney's fees and any other costs associated with the collection of an unpaid balance.
4. **Consent to Telephone Calls / Text Messages:** I consent to receive telephone calls, text messages, or other messages made or delivered to the phone number(s) I have provided.

Signature of Patient or Legal Guardian: _____ Date: ____/____/_____

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Medical Information: Please complete applicable sections

_____ _____/_____/_____
Patient name (Last, First, MI) *Date of birth (DOB)*

_____ *feet* _____ *inches* _____ _____ [ ] Men's [ ] Women's
Height *Weight* *Shoe Size*

_____
Chief complaint (reason for visit - please include area of pain or specific concern and affected side)

Is your reason for visiting related to an injury? [ ] Yes [ ] No _____/_____/_____
Date of injury (if applicable)

Social History

_____ _____
Exercise / sports / physical activity *Days per week*

Smoking: [ ] Never [ ] Former [ ] Current: _____ Alcohol: [ ] No [ ] Yes: _____
Packs per day *Drinks per week*

Recreational drug use: [ ] No [ ] Yes Pregnant / possibly pregnant (if applicable): [ ] No [ ] Yes

Medical History: Check all that apply

[ ] Asthma	[ ] Heart Disease	[ ] Peripheral Arterial Disease
[ ] Cancer / Type: _____	[ ] High Blood Pressure	[ ] Peripheral Neuropathy
[ ] Congestive Heart Failure	[ ] High Cholesterol	[ ] Pulmonary Embolism
[ ] COPD / Emphysema	[ ] Irregular Heartbeat	[ ] Rheumatoid Arthritis
[ ] Diabetes / Type: _____	[ ] Kidney Dialysis	[ ] Sleep Apnea
[ ] DVT (Blood Clot)	[ ] Kidney Disease	[ ] Stroke
[ ] Gout	[ ] Osteoporosis	[ ] Other: List Below

_____

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Past surgical history, please include year: _____

_____

Family History: [ ] Arthritis [ ] Cancer [ ] Diabetes Type: _____ [ ] Heart Disease

[ ] Other:_____

Allergies: [ ] No known allergies [ ] Latex allergy [ ] Penicillin [ ] Sulfa [ ] Adhesive Tape

[ ] Other: _____

List all prescription medications (or attach a legible list):

1.	11.
2.	12.
3.	13.
4.	14.
5.	15.
6.	16.
7.	17.
8.	18.
9.	19.
10.	20.

Are you currently taking any blood thinners? [ ] Yes [ ] No

Immunizations: [ ] Tetanus (in the past 5 years) [ ] Flu (in the past 1 year)

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Review of Systems

_____ _____/_____/_____
Patient name (Last, First, MI) *Date of birth (DOB)*

Please check all items that apply currently or recently

Constitutional	[ ] Fever	[ ] Chills	[ ] Headache
Musculoskeletal	[ ] Joint Pain	[ ] Joint Swelling	[ ] Stiffness
Integumentary (Skin)	[ ] Foot Ulceration	[ ] Discoloration	[ ] Rash / Redness
Neurological	[ ] Numbness / Tingling	[ ] Tremors	[ ] Paralysis
Cardiovascular	[ ] Chest Pain / Pressure	[ ] Calf Cramping	[ ] Heart Palpitations
Respiratory (Lungs)	[ ] Shortness of Breath	[ ] Wheezing	[ ] Frequent Cough
Endocrine	[ ] Fatigue	[ ] Excessive Thirst	[ ] Heat Intolerance
Hematological / Lymphatic	[ ] Foot or Ankle Swelling	[ ] Swollen Glands	[ ] Bleeding Problems
Eyes	[ ] Blurred Vision	[ ] Double Vision	[ ] Eye Pain
Ears, Nose, Throat, Mouth	[ ] Hearing Loss	[ ] Sore Throat	[ ] Sinus Problem
Gastrointestinal	[ ] Nausea / Vomiting	[ ] Heartburn	[ ] Abdominal Pain
Genitourinary	[ ] Painful Urination	[ ] Urinary Frequency	[ ] Urine Retention
Psychiatric	[ ] Depression	[ ] Anxiety	[ ] Alcohol Addiction
Allergic / Immunologic	[ ] Recent Asthma Attack	[ ] Seasonal Allergies	

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Acknowledgement of Receipt of Notice of Privacy Practices

I acknowledge receipt of the Notice of Privacy Practices of Boca Raton Foot & Ankle Specialists PLLC. Signing acknowledges receipt only; it does not authorize particular uses or disclosures of my information or waive my privacy rights.

_____ _____/_____/_____
Patient or legal guardian name *Date of birth (DOB)*

Signature of Patient or Legal Guardian: _____

Date: _____/_____/_____

May we discuss your care with a designated family member or other person? [ ] Yes [ ] No

_____ _____
Name of authorized person *Relationship*

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NOTICE OF PRIVACY PRACTICES
As Required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU (AS A PATIENT OF THIS PRACTICE) MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY.

A. OUR COMMITMENT TO YOUR PRIVACY
Our practice is dedicated to maintaining the privacy of your individually identifiable health information (IIHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy practices that we maintain in our practice concerning your IIHI. By federal and state law, we must follow the terms of the notice of privacy practices that we have in effect at the time. We realize that these laws are complicated, but we must provide you with the following important information:
●How we may use and disclose your IIHI
●Your privacy rights in your IIHI
●Our obligations concerning the use and disclosure of your IIHI
The terms of this notice apply to all records containing your IIHI that are created or retained by our practice. We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will post a copy of our current Notice in our offices in a visible location at all times, and you may request a copy of our most current Notice at any time.

B. IF YOU HAVE QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT:
Boca Raton Foot & Ankle Specialists, Practice Compliance Officer, 16244 S Military Trl Ste 460 Delray Beach, FL 33484, 561-206-4746.

C. WE MAY USE AND DISCLOSE YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION (IIHI) IN THE FOLLOWING WAYS.
The following categories describe the different ways in which we may use and disclose your IIHI. 1. Treatment. Our practice may use your IIHI to treat you. For example, we may ask you to have laboratory tests (such as blood or urine tests), and we may use the results to help us reach a diagnosis. We might use your IIHI in order to write a prescription for you, or we might disclose your IIHI to a pharmacy when we order a prescription for you. Many of the people who work for our practice – including, but not limited to, our doctors and nurses – may use or disclose your IIHI in order to treat you or to assist others in your treatment. Additionally, we may disclose your IIHI to others who may assist in your care, such as your spouse, children or parents. Finally, we may also disclose your IIHI to other health care providers for purposes related to your treatment. 2. Payment. Our practice may use and disclose your IIHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your IIHI to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your IIHI to bill you directly for services and items. We may disclose your IIHI to other health care providers and entities to assist in their billing and collection efforts. 3. Health Care Operations. Our practice may use and disclose your IIHI to operate our business. As examples of the ways in which we may use and disclose your information for our operations, our practice may use your IIHI to evaluate the quality of care you received from us, or to conduct cost-management and business planning activities for our practice. We may disclose your IIHI to other health care providers and entities to assist in their health care operations. 4. Appointment Reminders. Our practice may use and disclose your IIHI to contact you and remind you of an appointment. 5. Treatment Options. Our practice may use and disclose your IIHI to inform you of potential treatment options or alternatives. 6. Health-Related Benefits and Services. Our practice may use and disclose your IIHI to inform you of health-related benefits or services that may be of interest to you. 7. Release of Information to Family/Friends. Our practice may release your IIHI to a friend or family member that is involved in your care, or who assists in taking care of you. For example, a parent or guardian may ask that a babysitter take their child to the pediatrician's office for treatment of a cold. In this example, the babysitter may have access to this child's medical information. 8. Disclosures Required By Law. Our practice will use and disclose your IIHI when we are required to do so by federal, state or local law.

D. USE AND DISCLOSURE OF YOUR IIHI IN CERTAIN SPECIAL CIRCUMSTANCES
The following categories describe unique scenarios in which we may use or disclose your identifiable health information: 1. Public Health Risks. Our practice may disclose your IIHI to public health authorities that are authorized by law to collect information for the purpose of: ● maintaining vital records, such as births and deaths ●reporting child abuse or neglect ●preventing or controlling disease, injury or disability ●notifying a person regarding potential exposure to a communicable disease ●notifying a person regarding a potential risk for spreading or contracting a disease or condition ●reporting reactions to drugs or problems with products or devices ●notifying individuals if a product or device they may be using has been recalled ●notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information ●notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance. 2. Health Oversight Activities. Our practice may disclose your IIHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general. 3. Lawsuits and Similar Proceedings. Our practice may use and disclose your IIHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your IIHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested. 4. Law Enforcement. We may release IIHI if asked to do so by a law enforcement official: ●Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement ●Concerning a death we believe has resulted from criminal conduct ●Regarding criminal conduct at our offices ●In response to a warrant, summons, court order, subpoena or similar legal process ●To identify/locate a suspect, material witness, fugitive or missing person ●In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity or location of the perpetrator) 5. Deceased Patients. Our

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practice may release IIHI to a medical examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs. 6. Serious Threats to Health or Safety. Our practice may use and disclose your IIHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat. 7. Military. Our practice may disclose your IIHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities. 8. National Security. Our practice may disclose your IIHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your IIHI to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations. 9. Inmates. Our practice may disclose your IIHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals. 10. Workers' Compensation. Our practice may release your IIHI for workers' compensation and similar programs.

E. YOUR RIGHTS REGARDING YOUR IIHI

You have the following rights regarding the IIHI that we maintain about you: 1. Confidential Communications. You have the right to request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to Boca Raton Foot & Ankle Specialists, Practice Compliance Officer, 16244 S Military Trl Ste 460 Delray Beach, FL 33484, 561-206-4746 specifying the requested method of contact, or the location where you wish to be contacted. Our practice will accommodate reasonable requests. You do not need to give a reason for your request. 2. Requesting Restrictions. You have the right to request a restriction in our use or disclosure of your IIHI for treatment, payment or health care operations. Additionally, you have the right to request that we restrict our disclosure of your IIHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your IIHI, you must make your request in writing to Boca Raton Foot & Ankle Specialists, Practice Compliance Officer, 16244 S Military Trl Ste 460 Delray Beach, FL 33484, 561-206-4746. Your request must

describe in a clear and concise fashion: (a) the information you wish restricted; (b) whether you are requesting to limit our practice's use, disclosure or both; and (c) to whom you want the limits to apply. 3. Inspection and Copies. You have the right to inspect and obtain a paper or electronic copy of the IIHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to Boca Raton Foot & Ankle Specialists, Practice Compliance Officer, 16244 S Military Trl Ste 460 Delray Beach, FL 33484, 561-206-4746 in order to inspect and/or obtain a copy of your IIHI. Our practice may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews. 4. Amendment. You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to Boca Raton Foot & Ankle Specialists, Practice Compliance Officer, 16244 S Military Trl Ste 460 Delray Beach, FL 33484, 561-206-4746. You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion: (a) accurate and complete; (b) not part of the IIHI kept by or for the practice; (c) not part of the IIHI which you would be permitted to inspect and copy; or (d) not created by our practice, unless the individual or entity that created the information is not available to amend the information. 5. Accounting of Disclosures. All of our patients have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain non-routine disclosures our practice has made of your IIHI for non-treatment, non-payment or non-operations purposes. Use of your IIHI as part of the routine patient care in our practice is not required to be documented. For example, the doctor sharing information with the nurse; or the billing department using your information to file your insurance claim. In order to obtain an accounting of disclosures, you must submit your request in writing to Boca Raton Foot & Ankle Specialists, Practice Compliance Officer, 16244 S Military Trl Ste 460 Delray Beach, FL 33484, 561-206-4746. All requests for an "accounting of disclosures" must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before May 1,2026. The first list you request within a 12-month period is free of charge, but our practice may charge you for additional lists within the same 12-month period. Our practice will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs. 6. Right to a Paper Copy or Electronic Copy of This Notice. You are entitled to receive a paper copy or electronic copy of our notice of privacy practices. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact Boca Raton Foot & Ankle Specialists, Practice Compliance Officer, 16244 S Military Trl Ste 460 Delray Beach, FL 33484, 561-206-4746. 7. Right to File a Complaint. If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact Boca Raton Foot & Ankle Specialists, Practice Compliance Officer, 16244 S Military Trl Ste 460 Delray Beach, FL 33484, 561-206-4746. All complaints must be submitted in writing. You will not be penalized for filing a complaint. 8. Right to Provide an Authorization for Other Uses and Disclosures. Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your IIHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your IIHI for the reasons described in the authorization. Please note, we are required to retain records of your care.

Again, if you have any questions regarding this notice or our health information privacy policies, please contact Boca Raton Foot & Ankle Specialists, Practice Compliance Officer, 16244 S Military Trl Ste 460 Delray Beach, FL 33484, 561-206-4746.