Ismail Ozcan MD - Board Certified Family Physician 122 Portion Rd. Lake Ronkonkoma, NY 11779 Ph: (631) 588 66 65

Patient Information						
First Name		Last Name		MI	Date of Birth	
Address		City		State	Zip	
Gender Cell Phone		l	Work Phone		Home Phone	
E-mail Address			SSN			
Emergency Contact (for minor child, this section may be used for other parent)						
First Name		Last Name		MI	Date of Birth	
Address		City		State	Zip	
Relationship	Cell Phone		Work Phone	Home Ph	one	
I/We do hereby consent to and authorize the performance of all treatments, surgeries and medical services deemed advisable by the physicians and staff of the Ismail Ozcan MD PC affiliated medical groups to me or to the above-named minor of whom I am the parent or legal guardian. I hereby certify that, to the best of my knowledge, all statements contained hereon are true. I understand that I am directly responsible for all charges incurred for medical services for myself and my dependents regardless of insurance coverage, excluding only authorized services provided under a valid prepaid HMO contract. I furthermore agree to pay legal interest, collection expenses, and attorneys' fees incurred to collect any amount I may owe. I also hereby authorize my Ismail Ozean MD PC affiliated medical group to release information requested by insurance company and/or its representatives. I fully understand this agreement and consent will continue until cancelled by me in writing. ACKNOWLEDGEMENT OF PHYSICIAN, S NOTICE OF PRIVACY PRACTICES: Protected Health Information. The Privacy Rule protects all "individually identifiable health information" held or transmitted by a covered entity or its business associate, in any form or media, whether electronic, paper, or oral. The Privacy Rule calls this information "protected health information" is information, including demographic data, that relates to: the individually identifiable health information" is information, including demographic data, that relates to: the individual's past, present or future physical or mental health or condition, the provision of health care to the individual, or the past, present, or future payment for the provision of health care to the individual, and that identifies the individual or for which there is a reasonable basis to believe it can be used to identify the individual.13 Individually identifiable health information includes many common identifiers (e.g., name, address, birth date, Social Security Number). The Privacy Rule excludes from pr						
Signature of Patient/Responsible Party Date						
Name of Patient/Responsible Party (Please Pri			 Relationship to P	atient		