

Fauquier Ear Nose & Throat Consultants, PLC
Acknowledgment of Receipt of Privacy Notice; Medical Records Destruction; Use of Email


Patient Name (Print): _____ **Date of Birth:** _____

I understand that Fauquier ENT Consultants, PLC may share my health information for treatment, billing, and healthcare operations. I have been given a copy of the organization's notice of privacy practices that describes how my health information is used and shared. I understand that Fauquier ENT Consultants, PLC has the right to change this notice at any time.

Our practice will maintain medical records for a minimum of 6 years following last encounter keeping in mind the following caveats: a) records of a minor child will be maintained until age 18 or emancipated; b) records have previously been transferred to another health care provider or provided to patient or personal representative; c) records are required by contractual obligation or federal law to be maintained for a longer period of time. After specified time period, paper records will be destroyed by incineration or shredding in a manner that protects patient confidentiality.

By writing down my email address below, I understand that although email is NOT considered a secure method of communication, I give permission to Fauquier ENT Consultants, PLC to use email as one form of communication that may or may not include private health information. I also understand that by initiating an email to a staff at Fauquier ENT Consultants, PLC, I am providing permission to use email as a form of communication even if I did not provide my email below.

My signature below constitutes my acknowledgment that I have been provided with a copy of the notice of privacy practices.

 **PATIENT/GUARDIAN SIGNATURE:** _____ **DATE:** _____

NOTE!!! One More Place to Sign at the VERY BOTTOM!!!

My EMAIL Address (Optional): _____


Fauquier Ear Nose & Throat Consultants, PLC
Office Procedural Consent Form & Understanding of Insurance Benefits

Part of the services offered by our physicians are procedures performed during an office visit to either resolve a problem or to help in determining what is causing a patient's symptoms. As such, certain surgical procedures may be recommended.

The following routine surgical procedures are covered by your health insurance, *BUT, they may go towards your insurance deductible for which you are responsible to pay as they are not considered part of a typical office visit.*

- **Fiberoptic Endoscopy/Stroboscopy:** Used to determine any abnormalities in the nose, sinus, throat, and voicebox regions which are not able to be visualized on routine physical exam. Temporary numbness, throat/nasal irritation, and smell/taste alteration are not uncommon.
- **Nasal Cauterization:** Used to treat recurrent nosebleeds. Topical anesthesia is performed followed by cauterization either by chemicals (silver nitrate) or electricity. Transient nosebleeds and nasal irritation are not uncommon.
- **Earwax Removal:** Performed under magnification using suction or direct removal using instruments. Risks include temporary ear pain, ear irritation, and rarely bleeding may occur.
- **Foreign Body Removal:** Under magnification, foreign objects (beads, rocks, wood, toys, etc) may be removed using instruments. Depending on location (ear or nose), risks include temporary bleeding, irritation, and swelling may occur.
- **Needle Aspiration:** Used to remove pus or accumulated body fluids for laboratory analysis as well as symptomatic relief. Risks include bleeding, swelling, and recurrence.

I **understand** that these surgical procedures may be recommended and **IF** I agree to have it performed, that the bill for these procedures may go towards my deductible (is not covered under an office visit) for which I am responsible to pay.

 **PATIENT/GUARDIAN SIGNATURE:** _____ **DATE:** _____