Diehl Plastic Surgery
10208 Cerny Street; Suite 204
Diehl Plastic Surgery, PLLC Raleigh, NC 27617 Cynthia Diehl, M.D.
919-381-5540

PATIENT INFORMATION

Name: _____
Last First Middle

Address: _____
Street City State Zip Code

Cell Phone: _____ Date of Birth: ____/____/_____ Age: _____

Home Phone: _____ Gender: F M Nonbinary _____

Marital Status: _____

Email: _____

Preferred Method of Contact: _____ Leave Message: Yes/No

Which best describes you? Select all that apply:

American Indian or Alaskan Native *Asian* *Black or African American* *Hispanic, Latino or Spanish Origin*

Middle Eastern or North African *Native Hawaiian or another Pacific Islander* *White* *I prefer not to say*

How did you hear about us?

- ☐ Google
- ☐ Facebook/Instagram
- ☐ Physician: _____
- ☐ Friend or Family Member: _____
- ☐ Staff Member: _____
- ☐ Other: _____

Emergency Contact Name: _____ Phone: _____

Relationship: _____

1. What is the *Main Reason* you came in for this consultation? _____

_____

2. What aesthetic procedures and treatments, if any, have you had in the past? _____

_____

3. Have you ever had issues with any aesthetic procedures in the past? Yes/No
   If YES, in what way were you dissatisfied? _____

_____

4. Would you like us to share information about the latest technology and procedures offered by our office? Yes/No

5. Are you interested in learning about hormone replacement therapy here at Diehl Plastic Surgery? Yes/No

Patient Signature: _____ Date: _____

Diehl Plastic Surgery, PLLC
10208 Cerny St. Suite 204
Raleigh, NC 27617
919.381.5540

Patient Name: _____ DOB: _____

Procedure Interest List

Please let us know if we can provide more information about any of the following treatments and/or procedures we provide in our office:

- ☐ Liposuction
- ☐ Botox / Dysport
- ☐ Mons Lipo (mons pubis liposuction)
- ☐ Labiaplasty
- ☐ Submental (chin/neck) lipo
- ☐ miraDry (underarm sweat/odor)
- ☐ CoolSculpting/CoolTone
- ☐ Lip Enhancement
- ☐ Urinary Stress Incontinence
- ☐ SMART or SAFE Lipo (laser liposuction)
- ☐ Vaginal Rejuvenation (O-Shot)
- ☐ Vaginal Rejuvenation (CO2RE Intima/Thermi-Va)
- ☐ Professional Skin Care
- ☐ Earlobe Repair
- ☐ Fillers
- ☐ Tattoo/Mole Removal
- ☐ Hormone Replacement Therapy
- ☐ Hair Restoration
- ☐ Cellfina/Aveli (Cellulite Treatment)
- ☐ Tummy Tuck (Abdominoplasty)
- ☐ Skin Rejuvenation
- ☐ PRP (Platelet-Rich Plasma)
- ☐ CO2RE Skin Resurfacing Laser
- ☐ Customized Chemical Peel
- ☐ Scar Revision
- ☐ SkinPen/Microneedling

Other: _____

_____

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Diehl Plastic Surgery, PLLC
Cynthia Diehl, M.D.

Patient Name: _____ DOB: _____

Acknowledgment of Receipt of Notice of Privacy Practices

I acknowledge that I have received a copy of Diehl Plastic Surgery Notice of Privacy Practices. This notice describes how Diehl Plastic Surgery may use and disclose my protected health information, certain restrictions on the use and disclosure of my healthcare information, and rights I may have regarding my protected health information. _____

Initial

Credit Card HIPAA Release

Diehl Plastic Surgery requires a signed release statement from you when a credit card is used to pay for a procedure. If there is ever a dispute with the credit card company regarding this transaction, they will need to have the ability to provide personal information to THAT bank or credit organization.

We value your privacy and promise that the staff of Diehl Plastic Surgery will provide NO protected health information to the credit card company unless those details are necessary to resolve a dispute.

Thank you for acknowledging notice of our Privacy and Credit Card practices.

_____
Initial

_____ _____
Patient Signature Date

Diehl Plastic Surgery
10208 Cerny Street; Suite 204, Raleigh, NC 27617

Notice of Privacy Practices
THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION, PLEASE REVIEW IT CAREFULLY.

About Us
In this Notice, we use terms like "we," "us" or "our" to refer to Diehl Plastic Surgery, its physicians, employees, staff and other personnel. All of the sites and locations of Diehl Plastic Surgery follow the terms of this Notice and may share health information with each other for treatment, payment or health care operations purposes as described in this Notice.

Purpose of this Notice
This Notice describes how we may use and disclose your health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. This Notice also outlines our legal duties for protecting the privacy of your health information and explains your rights to have your health information protected. We will create a record of the services we provide you, and this record will include your health information. We need to maintain this information to ensure that you receive quality care and to meet certain legal requirements related to providing you care. We understand that your health information is personal, and we are committed to protecting your privacy and ensuring that your health information is not used inappropriately.

Our Responsibilities
We are required by law to maintain the privacy of your health information and provide you notice of our legal duties and privacy practices with respect to your health information. We will abide by the terms of this Notice.

How We May Use or Disclose Your Health Information
The following categories describe examples of the way we use and disclose health information:

For Treatment: We may use your health information to provide you with medical treatment or services. For example, your health information will be disclosed to the oncology nurses who participate in your care. We may disclose your health information to your physician or another healthcare provider to be sure those parties have all the information necessary to diagnose and treat you.

For Payment: We may use and disclose your health information to others so they will pay us or reimburse you for your treatment. For example, a bill may be sent to you, your insurance company or a third-party payer. The bill may contain information that identifies you, your diagnosis, and treatment or supplies used in the course of treatment.

We may share your health information with pharmaceutical company patient assistance programs and patient support organizations in order to assist you in obtaining payment for your care or payment for certain parts of your care.

For Health Care Operations: We may use and disclose your health information in order to support our business activities. For example, we may use your health information for quality assessment activities, training of medical students, necessary credentialing, and for other essential activities.

We may ask you to sign your name to a sign-in sheet at the registration desk and we may call your name in the waiting room when we call you for your appointment.

We may disclose your health information to a third party that performs services, such as billing and collections, on our behalf. In these cases, we will enter into a written agreement with the third party to ensure they protect the privacy of your health information.

Appointment Reminders: We may use and disclose your health information in order to contact you and remind you of an upcoming appointment for treatment or health care services.

Treatment Alternatives and Health-Related Benefits and Services: We may use your health information to inform you of services or programs that we believe would be beneficial to you. We may call, mail or email you information about these services or goods. For example, we may contact you to make you aware of new products, supply product information, or new patient assistance programs that may be available to you.

Individuals Involved in Your Care or Payment for Your Care: We may release your health information, including information about your conditions, to a family member or friend who is involved in your medical care or who helps pay for your care. If you would like us to refrain from releasing your health information to a family member or friend, please notify Diehl Plastic Surgery. We may also disclose your health information to disaster-relief organizations so that your family can be notified about your condition, status or location.

We are also allowed by law to use and disclose your health information without your authorization for the following purposes:

As Required by Law: We may use and disclose your health information when required to do so by federal, state or local law.

Judicial and Administrative Proceedings: If you are involved in a legal proceeding, we may disclose your health information in response to a court or administrative order. We may also release your health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Health Oversight Activities: We may use and disclose your health information to health oversight agencies for activities authorized by law. These oversight activities are necessary for the government to monitor the healthcare system, government benefit programs, compliance with government regulatory programs, and compliance with civil rights laws.

Law Enforcement: We may disclose your health information, within limitations, to law enforcement officials for several different purposes:

- To comply with a court order, warrant, subpoena, summons, or other similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime, if unable to obtain the victim's agreement;
- About a death we suspect may have resulted from criminal conduct;
- About criminal conduct we believe in good faith to have occurred on our premises; and
- To report a crime, the location of a crime, and the identity, description and location of the individual who committed the crime, in an emergency situation.

Public Health Activities: We may use and disclose your health information for public health activities, including the following:

- To prevent or control disease, injury, or disability;
- To report births or deaths;
- To report child abuse or neglect;
- To report adverse events, product defects or problems;
- To track FDA-regulated products;
- To notify people and enable product recalls; and
- To notify a person who may have been exposed to a communicable disease or may be at risk for contracting or spreading a disease or condition.

Serious Threat to Health or Safety: If there is a serious threat to your health and safety or the health and safety of the public or another person, we may use and disclose your health information to someone able to help prevent the threat.

Organ/Tissue Donation: If you are an organ donor, we may use and disclose your health information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank.

Coroners, Medical Examiners, and Funeral Directors: We may use and disclose health information to a coroner or medical examiner. This disclosure may be necessary to identify a deceased person or determine the cause of death. We may also disclose health information, as necessary, to funeral directors to assist them in performing their duties.

Workers' Compensation: We may disclose your health information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Victims of Abuse, Neglect, or Domestic Violence: We may disclose your health information to the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree, or when required or authorized by law.

Military and Veterans Activities: If you are a member of the Armed Forces, we may disclose your health information to military command authorities. Health information about foreign military personnel may be disclosed to foreign military authorities.

National Security and Intelligence Activities: We may disclose your health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Protective Services for the President and Others: We may disclose your health information to authorized federal officials so they may provide protective services for the President and others, including foreign heads of state.

Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose your health information to the correctional institution or law enforcement official to assist them in providing you health care, protecting your health and safety or the health and safety of others, or for the safety of the correctional institution.

Research: We may use and disclose your health information for certain limited research purposes. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project, assesses a number of specific issues, and determines that appropriate privacy safeguards are in place to allow the use of health information in the research project. We may, however, disclose your health information to people preparing to conduct a research project; for example, to help them look for patients with specific medical needs, so long as the health information they review does not leave the practice.

Other Uses and Disclosures of Your Health Information: Other uses and disclosures of your health information not covered by this Notice or the laws that apply to us will be made only with your authorization. If you authorize us to use or disclose your health information, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your health information as specified by the revoked authorization, except to the extent that we have taken action in reliance on your authorization.

Your Rights Regarding Your Health Information

Right to Request Restrictions: You have the right to request restrictions on how we use and disclose your health information for treatment, payment or healthcare operations. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing and submit it to Diehl Plastic Surgery, 10208 Cerny Street, Ste. 204, Raleigh NC 27617.

Right to Request Confidential Communications: You have the right to request that we communicate with you in a certain manner or at a certain location regarding the services you receive from us. For example, you may ask that we only contact you at work or only by mail. To request confidential communications, you must make your request in writing and submit it to Diehl Plastic Surgery, 10208 Cerny Street, Ste 204, Raleigh NC 27617.

Right to Inspect and Copy: You have the right to inspect and copy health information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes or information that is compiled in reasonable anticipation of, or use in a civil, criminal, or administrative action or proceedings. To inspect and copy your health information, you must make your request in writing by filling out the appropriate form provided by us and submitting it to Diehl Plastic Surgery, 10208 Cerny Street, Ste 204, Raleigh NC 27617. If you request a copy of your health information, we may charge a fee for the costs of copying, mailing or preparing the requested documents.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your health information, you may request that the denial be reviewed by a licensed health care professional chosen by us. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Amend: If you feel that your health information is incorrect or incomplete, you may request that we amend your information. You have the right to request an amendment for as long as the information is kept by or for us. To request an amendment, you must make your request in writing by filling out the appropriate form provided by us and submitting it to Diehl Plastic Surgery, 10208 Cerny Street, Ste 204, Raleigh NC 27617. We may deny your request for an amendment. If this occurs, you will be notified of the reason for the denial and given the opportunity to file a written statement of disagreement with us.

Right to an Accounting of Disclosures: You have the right to request an accounting of certain disclosures we make of your health information. Please note that certain disclosures, such as those made for treatment, payment or health care operations, need not be included in the accounting we provide to you.

To Request an accounting of disclosures, you must make your request in writing by filling out the appropriate form provided by us and submitting it to Diehl Plastic Surgery, 10208 Cerny Street, Ste 204, Raleigh NC 27617. Your request must state a time period which may not be longer than six years, and which may not include dates before April 14, 2003. The first accounting you request within a 12-month period will be free. For additional accountings, we may charge you for the costs of providing the accounting. We will notify you of the costs involved and give you an opportunity to withdraw or modify your request before any costs have been incurred.

Right to a Paper Copy of This Notice: You have the right to a paper copy of this Notice at any time, even if you previously agreed to receive this Notice electronically. To obtain a paper copy of this Notice, please contact Diehl Plastic Surgery, 10208 Cerny Street, Ste 204, Raleigh NC 27617.

Right to Complain: If you have any questions about this Notice or would like to file a complaint about our privacy practices, please direct your inquires to Diehl Plastic Surgery, 10208 Cerny Street, Ste 204, Raleigh NC 27617. You may also file a complaint with the Secretary of the Department of Health and Human Services. You will not be retaliated against or penalized for filing a complaint.

Diehl Plastic Surgery

Diehl Plastic Surgery, PLLC
Cynthia Diehl, M.D.

Medical/Surgical History

Name: _____
Last First Middle

Date of Last Physical: _____ Height: _____ Weight: _____

List all Drug and Food Allergies: _____

Are you allergic or sensitive to latex? Yes / No

Are you currently taking Accutane? Yes / No Have you taken Accutane within the last year? Yes / No

List all medications (*include over- the- counter and homeopathic medicines and supplements)*

	Medicine	*Dose*	*How Often*
1.			
2.			
3.			
4.			
5.			

What is your average daily consumption of: Tobacco _____ (pack per day) Alcohol _____

Do you suspect that you may be pregnant: Yes/No Date of last Mammogram: _____

List all surgeries you have had:

	Surgery	*Year*	*Surgeon*
1.			
2.			
3.			
4.			
5.			

Have you been hospitalized for any reason other than child birth? Yes/No _____

Have you or any of your relatives had a problem with anesthesia? Yes/No/Don't Know _____

Do you have any problems with:

_____ 1. Heart Trouble, High Blood Pressure
_____ 2. Asthma, Lung problems, Shortness of Breath
_____ 3. Diabetes
_____ 4. Jaundice, Hepatitis, Liver Problems
_____ 5. Chronic Headache
_____ 6. Leg, Back, or Neck Pains
_____ 7. Breast Problems
_____ 8. Fainting
_____ 9. Glaucoma
____ 10. Cancer
____ 11. Bleeding Disorders
____ 12. Convulsions
____ 13. Kidney Problems
____ 14. Thyroid Problems
_____ 15. Skin Problems
_____ 16. Scarlet / Rheumatic Fever
_____ 17. Keloid scars
_____ 18. Blood Clots
_____ 19. Stomach / Intestinal
_____ 20. Emotional / Psychiatric

List any family history of significant illness (*blood clots, diabetes, heart disease, melanoma, malignant hyperthermia)*
_____
Please elaborate on any medical information that might be helpful to us. _____
_____

Patient Signature _____