Texas Center for Breast Reconstruction

7777 Forest Lane Suite C-504
Dallas, TX 75041
972-566-3939

OFFICE POLICIES:

Business Hours: Our office is open Monday through Friday from 8:30 am to 4:30 pm, and we are closed for lunch between 11:30 am-12:30 pm. Hours may vary for Holidays and Staff Training.

After hours: Our office always has a provider that takes emergency calls outside of business hours. If you need to speak to a physician after hours, please call our office 972-566-3939, and follow the prompts to have the on call doctor paged. Unless it is a true medical emergency, at which time you should call 911.

Appointments:

1) If you more than 15 minutes late to your appointment you may be asked to reschedule.
2) If you need to cancel or reschedule your appointment please provide at least 48 hours notice.
3) Our goal is to run on time for your appointment. However, there are times where emergencies arise that might affect the schedule.
4) Unfortunately we cannot anticipate or plan when an emergency or urgent matter arise that requires the attention of the doctor. As a result, there may be times where we are forced to make last minute changes to the schedule that may affect your appointment. We will do our very best to notify you of any changes to your appointment in advance. It is important that we have updated contact information on you for this reason.

Updated Information: Please ensure that you notify our office if there are any changes to your address, contact information and insurance information.

Form Completion: It is the goal of the physicians and staff to accommodate as many requests as possible in a timely manner. Although not obligated, we are happy to assist you with any forms that you may need to have filled out such as Short-Term Disability or FMLA forms. These forms do require staff time and resources. Your insurance does not reimburse for this service and you will be responsible for paying the fee's.

1) $10.00 for a simple 2 page form or letter from the doctor
   $25.00 for a more complex form 3 pages and up, that requests more in depth information and requests medical records.
2) Blank forms will not be accepted. Personal information must be included
3) You must bring the form to our office and pre-pay for completion of the form.
4) Turn around time is 5 business days. We are not able to fill out forms the same day you drop them off or the same day of your appointment.
5) Many forms require an examination
6) You may be asked to fill out an Authorization to Release Medical Information
7) There are some forms that our office does not fill out, based on the scope of our practice and specialty.
8) Forms will not be changed or amended once completed and signed by the doctor
9) These forms are not faxed or mailed to employers, etc. They must be picked up from our office. Forms are released to the patient or authorized person only. If you wish to provide authorization for someone other than yourself to pick up your forms**,** you must sign an Authorization to Release Medical Information.

Your signature also acknowledges that you have read and understand the above.

Patient name (print)_____ DOB:_____

_____ _____

Patient Signature Date

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CONSENT FOR USE OF E-MAIL AND OTHER ELECTRONIC COMMUNICATIONS

Our office has established an interoffice email system, for some forms of communication. While we prefer that our patients call our office for all communication, we realize that some patients may prefer email and at times it may be necessary for your care. The turnaround time for routine patient communications by email is 1 business day. **If you require urgent or immediate attention, electronic communication is not an appropriate mode of communication. Please call the office at 972-566-3939 for such matters. This includes matters for which you have any uncertainty about the urgency. We have an answering service which answers after hours and weekend calls and they are able to page the provider on call.**

When sending email, please remember that emails are not secure methods of communication. Our office is dedicated to keeping your medical record information confidential. Despite our best efforts, due to the nature of email and other electronic communication, third parties may have access to messages. When communicating from work, you should be aware that some companies consider email corporate property and your messages may be monitored. Even when emailing from home, you may feel that access to your email is not well controlled, so you should take that into consideration. In addition, you should be aware that emails addressed to the physician directly will be reviewed and possibly answered by staff and/or colleagues depending on the nature of the issue.

I understand that this office will not be responsible for information loss or delay or breaches in confidentiality that are due to technical factors beyond this office's control.

I understand and agree to the above email policy.

By signing below, you are agreeing that we may send medical related correspondence to you via email, and that we may respond to your emails to us via email.

_____ _____

Patient Signature Date

PHOTOGRAPHIC CONSENT

Medical photography is often an important part of the surgical planning process. We often will take medical photos before, during, or after a surgical procedure or treatment either in or office, in the hospital or in the operating room. Photos serve a variety of purposes, depending upon the individual case and are often useful to see pre-surgical and post-surgical changes and are often used as a reference in the operating room. Photos will become a part of your permanent medical record. When possible we crop and edit the photos to remove personal and identifying factors. We may submit your photos to your insurance company if needed to determine medical necessity or for payment on a claim.
By signing below you are consenting to undergoing medical photos. Your signature also acknowledges that you have read and understand the above.

Patient name (print)_____ DOB:_____

_____ _____

Patient Signature Date