

Welcome! The providers, you, and our staff will work as a team to help you.

HIPAA DISCLOSURE/ PATIENT CONSENT FORM

Ashok P.C. wants to protect the privacy of patients health information (PHI), and comply with any regulations regarding the use and disclosure of patient health information. In accordance with this, Ashok P.C. is permitted to use and disclose my PHI for treatment, payment and health care operational purposes. Ashok P.C. is also permitted to disclose my PHI in compliance with guidelines outlined by law and when required to do so by various government agencies. I have the right to request restrictions on certain uses and disclosures of my PHI and to request portions of my PHI be amended as well as the right to inspect and receive a copy of my PHI.

I want a copy of Privacy Healt I do not want a copy of Privacy	h information. y Health information as I am a	ware of the policy.	
Further, I agree to the following: I will come for my follow-up a I will keep all follow-up appoi I will call 24 hours in advance	ntments to discuss my test resu	` /	
☐ To send my billing statem Initials	ents to me through email. In	Lab Test Results	Other Communication Initials
Email Address (Please Print Clearl ð Email Got Tested Nurse's Sig	y):gnature:		
tained in email may be disclosed	to, or intercepted by, unautho	rized third parties. Use	e risk that any protected health information con- of more secure communications, such as mail nunication of my protected health information.
☐ Do not email billing statements.			
Patient Name	Date		
Signature	Print Name		_
<u>A</u>	UTHORIZATION FOR SPO	OUSE OR CAREGIVE	R CONSENT
			ly members, relatives or close personal friends st below those individuals with whom your PIF
			mation. I further understand that if this list of Ashok Patel, M.D. and complete a new consent
1			
2			
Not applicable			
Signature	Print Name/Dat	e	

Typing your name is equivalent to your handwritten signature

By typing my signature and sending it via the Internet, I acknowledge that I have read and understand all information provided in this form; that I intend Ashok PC to rely upon it; that I intend to be bound thereby; and that I understand and agree that my electronic signature is the equivalent of a manual written signature.