

Acknowledgment of Receipt of Notice of Privacy Practices

(to be filed in patient's medical records)

I have been presented with a copy of the Notice of Privacy Practices, detailing how my health information may be used and disclosed as permitted under federal and state law, and outlining my rights regarding my health information

SIGNED: _____ DATE: _____

Relationship (if not signed by patient): _____

I authorize my medical information to be released to (**friends/family members**):

Contact Record

Please contact me as follows: (check at least one):

Home/Cell Telephone () _____
 Leave message with appt. date & time
 Leave message with call-back number only
 Leave message with test results
 Do not leave message

Written Communication
 Mail to my home address
 Mail to my work address
 E-mail me my test results:

Work Telephone () _____

Leave message with appt. date & time
 Leave message with call back number only
 Leave message with test results
 Do not leave message

Home Address: _____

Work Address: _____

Print Patient Name

Birth date

Date



Shabbir Jamali, MD PA
Board Certified In Gastroenterology
281-357-1977

Patient Demographics

Full Name: _____ D.O.B: _____ Age: _____ Sex: M F
Marital Status: Single, Married, Widowed, Separated, Divorced, Minor, if so name of the Parent _____
Home Address: _____ City: _____ State: _____ Zip: _____
Home Phone: (_____) _____ Work: (_____) _____ S.S #: _____
Cell Phone: (_____) _____ Primary Care Physician: _____
Work Address: _____ City: _____ State: _____ Zip: _____
Employer: _____ Supervisor: _____ Occupation: _____
Patient's (Parent if patient is a minor)
Email Address: _____
Emergency Contact: _____ Relationship: _____ Phone #: _____

Primary Insurance:

Name of Policy Holder: _____ Relationship: Self, Spouse, Parent, S.S _____
Date of Birth of Policy Holder: _____
Employer: _____ Work Address: _____
Name of Insurance Co.: 1. _____ 2. _____
Policy No./ Group No.: 1. _____ 2. _____
Annual Deductible? Yes No, How Much? _____ What portions have you met? _____ Copay? _____
Would you like us to file the insurance for their portion of the charges? Yes No
 Self Pay, Medicare, Medicaid, Work Comp, LOP, Secondary Insurance? Yes No

Assignment and Release:

I, the undersigned certify that I (or my dependent) have insurance coverage with the above mentioned insurance company and assign directly to **Shabbir Jamali, MD** all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize the doctor to release all information necessary to secure the payment of benefits, I authorize the use of this signature on all insurance submissions.

Responsible Party Signature

Relationship

Date

Financial Policy for Gastroenterology Diagnostic Center

Cancellation Policy for Office Procedures

We at the Gastroenterology Diagnostic Center are pleased that you have chosen our facility to have your procedure. We pride ourselves in quality, cost-effective healthcare for our patients. It requires a multi-disciplinary team to have to your procedure including the anesthesiologist, endoscopy technicians and your gastroenterologist. For this reason we require **at least** a 48 hour notice for any rescheduling or cancellations. An advance notice is required so that we may accommodate our other patients. If notice is not received at least 48 hours in advance a service fee of 150.00 will be charged to you. We appreciate your cooperation in this matter.

_____ **initial here**

Insurance

As a courtesy, we will verify your benefits and file with your insurance carrier. Although we verify your benefits it is not a guarantee of payment. If your health plan determines that a service is not covered, you will be responsible for the complete charge. Payment will be due upon receipt of a statement from our office. For services rendered to minor patients, the legal guardian accompanying the patient will be responsible for payment. We strongly recommended you verify your plan benefits. _____ **initial here**

Deductibles

The business office will contact you once benefits have been verified with your insurance plan. Deductible amounts are the responsibility of the patient. Advance payment is required on procedure appointments. _____ **initial here**

Screening vs. Diagnostic Coverage

Insurance companies often provide screening benefits for routine screening colonoscopy. However, if during your screening procedure the physician removes a polyp or performs a biopsy, the procedure may be considered diagnostic and may not be covered as a screening exam. In this case, some insurance companies drop financial responsibility to the patient for all or part of the procedure cost. It is important for you to know if this may apply to your routine screening benefits. _____ **initial here**

I have read and understand the financial policy of Gastroenterology Diagnostic Center and agree to be bound by its terms. I also understand and agree that such terms may be amended by the practice without prior written notice.

Signature of Patient or Legal Guardian

Date

Printed name of Above

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.

This practice uses and discloses health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive. This notice describes our privacy practices. You can request a copy of this notice at any time. For more information about this notice or our privacy practices and policies, please contact the person listed below.

Treatment, Payment, Health Care Operations

Treatment

We are permitted to use and disclose your medical information to those involved in your treatment. For example, the physician in this practice is a specialist. When we provide treatment, we may request that your primary care physician share your medical information with us. Also, we may provide your primary care physician information about your particular condition so that he or she can appropriately treat you for other medical conditions, if any.

Payment

We are permitted to use and disclose your medical information to bill and collect payment for the services provided to you. For example, we may complete a claim form to obtain payment from your insurer or HMO. The form will contain medical information, such as a description of the medical services provided to you, that your insurer or HMO needs to approve payment to us.

Health Care Operations

We are permitted to use or disclose your medical information for the purposes of health care operations, which are activities that support this practice and ensure that quality care is delivered. For example, we may ask another physician to review this practice's charts and medical records to evaluate our performance so that we may ensure that only the best health care is provided by this practice.

Disclosures That Can Be Made Without Your Authorization

There are situations in which we are permitted by law to disclose or use your medical information without your written authorization or an opportunity to object. In other situations we will ask for your written authorization before using or disclosing any identifiable health information about you. If you choose to sign an authorization to disclose information, you can later revoke that authorization, in writing, to stop future uses and disclosures. However, any revocation will not apply to disclosures or uses already made or taken in reliance on that authorization.

Public Health, Abuse or Neglect, and Health Oversight

We may disclose your medical information for public health activities. Public health activities are mandated by federal, state, or local government for the collection of information about disease, vital statistics (like births and deaths), or injury by a public health authority. We may disclose medical information, if authorized by law, to a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition. We may disclose your medical information to report reactions to medications, problems with products, or to notify people of recalls of products they may be using.

We may also disclose medical information to a public agency authorized to receive reports of child abuse or neglect. Texas law requires physicians to report child abuse or neglect. Regulations also permit the disclosure of information to report abuse or neglect of elders or the disabled.

We may disclose your medical information to a health oversight agency for those activities authorized by law. Examples of these activities are audits, investigations, licensure applications and inspections which are all government activities undertaken to monitor the health care delivery system and compliance with other laws, such as civil rights laws.

Legal Proceedings and Law Enforcement

We may disclose your medical information in the course of judicial or administrative proceedings in response to an order of the court (or the administrative decision-maker) or other appropriate legal process. Certain requirements must be met before the information is disclosed.

If asked by a law enforcement official, we may disclose your medical information under limited circumstances provided that the information:

- Is release pursuant to legal process, such as a warrant or subpoena;
- Pertains to a victim of crime and you are incapacitated;
- Pertains to a person who has died under circumstances that may be related to criminal conduct;
- Is about a victim of crime and we are unable to obtain the person's agreement
- Is released because of a crime that has occurred on these premises; or
- Is released to locate a fugitive, missing person, or suspect

We may also release information if we believe the disclosure is necessary to prevent or lessen an imminent threat to the health or safety of a person.

Workers' Compensation

We may disclose your medical information as required by Texas workers' compensation laws.

Inmates

If you are an inmate or under the custody of law enforcement, we may release your medical information to the correctional institution or law enforcement official. This release is permitted to allow the institution to provide you with medical care, to protect your health or the health and safety of others, or for the safety and security of the institution.

Military, National Security and Intelligence Activities, Protection of the President

We may disclose your medical information for specialized governmental functions such as separation or discharge from military services, requests as necessary by appropriate military command officers (if you are in the military), authorized national security and intelligence activities, as well as authorized activities for the provision of protective services for the President of the United States, other authorized government officials, or foreign heads of state.

Research, Organ Donation, Coroners, Medical Examiners, and Funeral Directors

When a research project and its privacy protections have been approved by and Institutional Review Board or privacy board, we may release medical information to researchers for research purposes. We may release medical information to organ procurement organizations for the purpose of facilitating organ, eye, or tissue donation if you are a donor. Also, we may release your medical information to a coroner or medical examiner to identify a deceased or a cause of death. Further, we may release your medical information to a funeral director where such a disclosure is necessary for the director to carry out his duties.

Required by Law

We may release your medical information where the disclosure is required by law.

Your Rights Under Federal Privacy Regulations

The United States Department of Health and Human Services created regulations intended to protect patient privacy as required by the Health Insurance Portability and Accountability Act (HIPAA). Those regulations create several privileges that patients may exercise. We will not retaliate against a patient that exercises their HIPAA rights.

Requested Restrictions

You may request that we restrict or limit how your protected health information is used or disclosed for treatment, payment, or healthcare operations. We do NOT have to agree to this restriction, but if we do agree, we will comply with your request except under emergency circumstances.

To request a restriction, submit the following in writing: (a) The information to be restricted, (b) what kind of restriction you are requesting (i.e. on the use of information, disclosure of information or both), and (c) to whom the limits apply. Please send the request to the address and person listed below.

You may also request that we limit disclosure to family members, other relatives, or close personal friends that may or may not be involved in your care.

Receiving Confidential Communications by Alternative Means

You may request that we send communications of protected health information by alternative means or to an alternative location. This request must be made in writing to the person listed below. We are required to accommodate only *reasonable* requests. Please specify in your correspondence exactly how you want us to communicate with you and, if you are directing us to send it to a particular place, the contact/address information.

Inspection and Copies of Protected Health Information

You may inspect and/or copy health information that is within the designated record set, which is information that is used to make decisions about your care. Texas law requires that request for copies be made in writing and we ask that request for inspection of your health information also be made in writing. Please send your request to the person listed below.

We can refuse to provide some of the information you ask to inspect or ask to be copied if the information:

- Includes psychotherapy notes
- Includes the identity of a person who provided information if it was obtained under a promise of confidentiality
- Is subject to the Clinical Laboratory Improvements Amendments of 1988
- Has been compiled in anticipation of litigation

We can refuse to provide access to or copies of some information for other reasons, provided that we provide a review of our decision on your request. Another licensed health care provider who was not involved in the prior decision to deny access will make any such review.

Texas law requires that we are ready to provide copies or a narrative within 15 days of your request. We will inform you of when the records are ready or if we believe access should be limited. If we deny access, we will inform you in writing.

HIPAA permits us to charge a reasonable cost based fee. The Texas State Board of Medical Examiners (TSBME) has set limits on fees for copies of medical records that under some circumstances may be lower than the charges permitted by HIPAA. In any event, the lower of the fee permitted by HIPAA or the fee permitted by the TSBME will be charged.

Amendment of Medical Information

You may request an amendment of your medical information in the designated record set. Any such request must be made in writing to the person listed below. We will respond within 60 days of your request. We may refuse to allow an amendment if the information:

- Wasn't created by this practice or the physicians here in this practice
- Is not part of the Designated Record Set
- Is not available for inspection because of an appropriate denial
- If the information is accurate and complete

Even if we refuse to allow an amendment you are permitted to include a patient statement about the information at issue in your medical record. If we refuse to allow an amendment we will inform you in writing. If we approve the amendment, we will inform you in writing, allow the amendment to be made and tell others that we know have the incorrect information.

Accounting of Certain Disclosures

The HIPAA privacy regulations permit you to request, and us to provide, an accounting of disclosures that are other than for treatment, payment, health care operations, or made via an authorization signed by you or your representative. Please submit any request for an accounting to the person listed below. Your first accounting of disclosures (within a 12 month period) will be free. For additional requests within that period we are permitted to charge for the cost of providing the list. If there is a charge we will notify you and you may choose to withdraw or modify your request *before* any costs are incurred.

Appointment Reminders, Treatment Alternatives, and Other Health Related Benefits

We may contact you by telephone, mail or both to provide appointment reminders, information about treatments alternatives, or other health-related benefits and services that may be of interest to you.

Complaints

If you are concerned that your privacy rights have been violated, you may contact the person listed below. You may also send a written complaint to the United States Department of Health and Human Services. We will not retaliate against you for filing a complaint with the government or us. The contact information for the United States Department of Health and Human Services is:

U.S. Department of Health and Human Services
HIPAA Complaint
7500 Security Blvd., C5-24-05
Baltimore, MD 21244

Our Promise to You

We are required by law and regulation to protect the privacy of your medical information, to provide you with this notice of our privacy practices with respect to protected health information, and to abide by the terms of this notice of privacy practices in effect.

Questions and Contact Person for Requests

If you have any questions or want to make a request pursuant to the rights described above, please contact:

Kim Hodge
421 School Street #110
281-257-1977
281-3571057-fax

This notice is effective on the following date: April 14, 2003

We may change our policies and this notice at any time and have those revised policies apply too all the protected health information we maintain. If or when we change our notice, we will post the new notice in the office where it can be seen.

Privacy Practices Overview

Purpose:

This office is committed to compliance with all federal and state laws that pertain to any aspect of the clinical practices or business procedure of this office. In particular, privacy and security rules relating to the Health Insurance Portability and Accountability Act (HIPAA), along with related state laws, are integral to matters of privacy, medical records, the confidentiality of communications, and other topics addressed throughout this policy and procedures manual.

Policy:

The HIPAA Privacy Rule applies to all protected health information (PHI) in this office, including information stored and transmitted electronically, paper records, and oral communications. PHI includes any information as it relates to the past, present, or future physical or mental health condition of any of our patients; any treatment they have received; and health care payment information.

- In keeping with HIPAA compliance, this office has appointed a Privacy Officer to continually evaluate our privacy practices, train our staff about privacy issues, supervise the sharing of information with third parties, and address any complaints from patients, their friends and loved ones, staff, other providers, or members of the community. See *Privacy Officer* policy and procedure.
- All staff members will be trained on this policy and procedure manual, which will help ensure that the procedures in effect in our office are in keeping with both state and federal law. The Privacy Officer is responsible for both the training of staff, as well as continual review and amendment of this manual as necessary.
- A *Notice of Privacy Practices* is reviewed by all patients to increase their understanding of how their PHI is stored, used and shared beyond this practices, and to notify them of their new rights created under HIPAA. See *Patient Notice of Privacy Practices* policy and procedures.
- Under all circumstances, when PHI must be communicated either within this office or to a third party, only the amount of information that is minimally necessary to accomplish the appropriate purpose will be divulged. The Privacy Officer is responsible for establishing unique needs to share information will be conveyed to the Privacy Officer for approval. See *Privacy Officer* policy and procedure
- PHI that is shared as part of delivering quality patient care will not be scrutinized under the minimally necessary guidelines and any information necessary for quality care will be shared appropriately.
- Only those medical records and files that are immediately necessary for patient care are to be kept at workstations.

Patient Notice of Privacy Practices

Purpose:

Patients deserve to know about this office's policies as they relate to confidentiality. Moreover, federal regulations demand that we make a good faith effort to obtain a patient's written acknowledgement of receiving a copy of our *Notice of Privacy Practices*.

Policy:

The Notice currently in effect will be prominently posted in an area accessible to all patients. On a prospective patient's initial visit, or a current patient's first visit following April 14, 2003, the receptionist will provide the patient with a copy of the *Notice of Privacy Practices* that is currently in effect.

- The patient will be asked to review the Notice, and then sign a form that acknowledges he or she has reviewed our privacy policy. This form will be filed in the patient's record. A copy of this Notice will be offered to the patient. If any patient requests further information on the contents of the Notice, that person will be directed to the Privacy Officer or other designated staff member.
- If the patient refuses to sign or acknowledge receiving the Notice, care will still be provided to the patient and the events surrounding the refusal will be documented in the patients file.

Modification/Documentation of the Privacy Notice

- All acknowledged Notices will be retained by the practice for six years to the date they were last in effect, as required by the practice's retention policy under the Health Insurance Portability and Accountability Act (HIPAA). If the patient-physician relationship has been terminated, the Notice must be maintained for six years from the last date of treatment.
- The Privacy Officer will ensure that reviews and updates are made to the Notice so that it continues to accurately describe the office's policies concerning how protected health information is used or disclosed. At a minimum, reviews will take place every two years.
- When the Notice is updated, the practice will post along with the Notice, conspicuous statements that the Notice has been updated and that a copy is available on request.
- If the physicians in the practice are part of an Organized Health Care Arrangement (OHCA) as defined by HIPAA, the practice will maintain copies of the joint notice of privacy practices as well as any written understandings between the OHCA and the physician and/or practice.

Patient Privacy Complaints

Purpose:

Our patients are always encouraged to let us know any time they gave a complaint about any aspect of our care or business. See *Patient Complaints* policy and procedures. This policy provides information specific to complaints about or privacy practices.

Policy:

- Patients that are concerned about an alleged breach of their privacy will be encouraged to file a complaint with our Privacy Officer. The response and resolution of any complaint filed with this office will be conducted in a professional, timely, and courteous manner, as outlined in the *Patient Complaints* policy and procedure.
- All patients have a right to file a complaint with the Office for Civil Rights for issues related to privacy, and patients are notified of this right in our *Notice of Privacy Practices*.
- Complaints regarding this office's privacy practices should be submitted in writing and include the name of this office and a description of the acts or omissions believed to be in violation of the patient's privacy rights,
- Complaints can be sent to the following address:
U.S. Department of Health and Human Services
HIPAA Complaints
7500 Security Blvd., C5-24-04
Baltimore, MD 21244
- Patients must file a complaint within 180 days of when they knew (or should have known) that the violation occurred, although they may possibly get a waiver of that requirement from the Secretary of Health and Human Services
- Patients that file complaints, whether based on our privacy practices or any other issue, will *never* be penalized by this office for filing a complaint, and will be treated with the same courtesy and respect as any other patient of this practice.

Dr. Shabbir Jamali
CURRENT LIST OF MEDICATIONS
(including over the counter medications)

Name: _____ Date: _____

Pharmacy Address: _____

Pharmacy Phone Number: _____

1. _____

11. _____

2. _____

12. _____

3. _____

13. _____

4. _____

14. _____

5. _____

15. _____

6. _____

16. _____

7. _____

17. _____

8. _____

18. _____

9. _____

19. _____

10. _____

20. _____

DRUG ALLERGIES: _____