



Anant Kumar, MD, MS

**Medical Information Release Form
(HIPAA Release Form)**

Name: _____ Date of Birth: ____/____/____

Patient Disclosure Record

In general, the HIPAA privacy rule gives individuals the right to request a restriction on uses and disclosures of their protected health information (PHI). The individual is also provided the right to request confidential communications, or that a communication of PHI be made by alternative means, such as sending correspondence to the individual's office instead of the individual's home.

Patient Initials (I have read the above policy)

Release of Information

I authorize the release of information including the diagnosis, records; examination rendered to me and claims information. This information may be released to:

- Spouse _____
- Child(ren) _____
- Other _____
- Information is *NOT* to be released to anyone.

Contact Information

Please call:

- Cell number
- Home number
- Work number

If unable to reach me:

- Leave a detailed message
- Leave a message asking me to return your call
- _____

Written Correspondence:

- Home address
- Work address

This **Release of Information** will remain in effect until terminated by me in writing.

Signed: _____ Date: _____



Anant Kumar, MD, MS

Patient Last Name _____ First _____ Middle Initial _____

Address _____ City _____ State _____ Zip Code _____

Home Ph# _____ Cell Ph# _____ Email _____

Date of Birth _____ Social Security # _____

Sex: M or F Marital Status: Single Married Legally Separated Divorced Widowed

Education: High School Diploma GED-Grade Completed _____ Some College/Voc College Degree

Occupation _____ Employer _____ Work Ph# _____

Emergency Contact _____ Phone # _____ Relationship _____

Primary Care Physician _____ Phone # _____ Fax # _____

Is this a work or auto injury? Yes or No Claim # _____ Date of Injury _____

Adjustor or Lawyer Name _____ Phone # _____

Primary Insurance

Insurance Name _____ Policy # _____ Group # _____

Insurance Address _____

Insurance Phone # _____ Copay \$ _____ Effective Date _____

Name of Person Insured _____ Relationship _____

Social Security Number _____ Date of Birth _____

Employer _____ Address _____

Secondary Insurance (if applicable)

Insurance Name _____ Policy # _____ Group # _____

Insurance Address _____

Insurance Phone # _____ Copay \$ _____ Effective Date _____

Name of Person Insured _____ Relationship _____

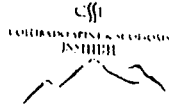
Social Security Number _____ Date of Birth _____

Employer _____ Address _____

I hereby authorize Anant Kumar, MD to treat the patient identified above. I acknowledge that I am responsible to pay all charges for all treatments administered by the physician to the patient. I understand that insurance may not pay for all charges and I understand that I am obligated to pay for all charges not paid by insurance. I also agree to pay reasonable attorney fees if my account is turned over to an attorney or collection agency.

Assignment and Release: I hereby authorize my insurance benefits to be paid directly to the physician and I am financially responsible for non covered services. I also authorize the physician to release my information required in processing of this claim and all future claims.

Patient/Authorized Signature _____ **Date** _____



Anant Kumar, MD, MS

HIPAA PRIVACY NOTICE

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

We understand that the privacy of your personal information is important to you. As your physician, we believe your right to privacy is a fundamental part of your treatment; as such, we want you to understand our privacy practices and procedures. Should you have any questions regarding these policies, please do not hesitate to ask our privacy officer who can be reached at 720-452-3355.

Information We Collect About You

We collect personal information about you and your family as part of our registration process, during the course of your care, and from other health care entities you utilize such as hospitals, laboratories, other physicians, imaging facilities and your insurance company. This personal information includes items such as your name, address, phone number, birth date, social security number, employer, health history, insurance policy and coverage information. During the course of your treatment, we will collect health information regarding diagnosis, treatment plans, progress and any test results or films.

How Your Information Is Used

The personal and health information gathered may be used and disclosed with your general consent for purposes of treatment, payment, or routine healthcare operations. This means we may send your information to other physicians or facilities involved in your treatment, as well as to your insurance company or a collection agency to obtain payment. Any uses of your information require a signed authorization by you, the patient or guardian, and can be revoked at any time with a written request. Anant Kumar, MD does not sell patient information to marketing or pharmaceutical companies. In certain cases of public health interest, we may be required to disclose certain information to local, state, or national health organizations or government agencies.

We may contact you to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you.

Safeguarding Your Personal and Health Information

We are required by law to (1) make sure that medical information that identifies you is kept private, (2) provide you with our privacy policy, and (3) follow the terms laid out in the privacy policy. As a means of protecting your privacy, we restrict access to your personal and health information to only those employees who require the information to complete their jobs and provide quality service to you. Anant Kumar, MD maintains physical, electronic and procedural safeguards to comply with state and federal regulations that guard your personal and health information. If you feel that your privacy has been violated, you have the right to file a complaint with the Denver Health and Human Services. The complaint in no way influences your course of treatment with Anant Kumar, MD.

Changes Of Our Privacy Policy

All new patients will receive a copy of our privacy policy. Anant Kumar, MD occasionally reviews its privacy policy and reserves the right to amend it. Notification of changes will be available at the front desk prior to the effective date of any changes.

Your Right To Restrict Use Of Information

You have the right to request restrictions to our uses of disclosures of your personal or health information, although we are not required to agree to those restrictions. Once your request has been processed, it will remain in effect until you request a change.

Patient Acknowledgement

I, _____, have received and reviewed a copy of Dr Anant Kumar's HIPAA Privacy Notice.
Patient Name

Signed _____ Date _____