

KHALID B. KHAN, M.D.

Family and Immediate Healthcare · 13425 Inglewood Ave, Hawthorne, CA 90250
Tel (310) 679-2201 · Fax (310) 679-4236

NOTICE OF PRIVACY PRACTICES & CONSENT

Consent to the Use and Disclosure of Health Information

I, _____ (Patient Name), understand that as part of my health care, **Khalid B. Khan, M.D., Inc.** originates and maintains paper and/or electronic records describing my health history, symptoms, examinations and test results, diagnoses, treatment, and any plans for future care and treatment.

I understand and have been provided with a Notice of Privacy Practices that provides a complete description of such uses and disclosures. I understand that I have the following rights and privileges:

- The right to review the notice prior to signing this consent.
- The right to request restrictions as to how my health information may be used or disclosed to carry out treatment, payment, or health care operations.

I understand that **Khalid B. Khan, M.D., Inc.** is not required to agree to the restrictions I request. I may revoke this consent in writing, except to the extent that the organization has already taken action in reliance on this consent. By refusing to sign or by revoking this consent, this organization may refuse to treat me as permitted by Section 164.506 of the Code of Federal Regulations.

Requested Restrictions

Initials: _____ I give Khalid B. Khan, M.D., Inc. permission to phone in regards to any test results.

Initials: _____ I give Khalid B. Khan, M.D., Inc. permission to leave a message with anyone answering the telephone or on my answering machine.

I understand that as part of this organization's treatment, payment, or health care operations, it may become necessary to disclose my protected health information to another entity, including via fax. I fully understand and accept the terms of this consent.

Patient Signature

Date

Received By (Office Staff)

Added to Medical Records On

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NOTICE OF PRIVACY PRACTICES

To Our Patients

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE READ IT CAREFULLY.

Our Commitment to Privacy

Dr. Khalid B. Khan, M.D. has always kept your health information secure and confidential. The law requires us to continue maintaining your privacy, to give you this notice, and to follow the terms of this notice.

Use and Disclosure of Your Health Information in Special Circumstances

- Treatment: we may use or disclose your information to other doctors involved in your care.
- Payment: we may send a report of your visit to your insurance company.
- Healthcare operations: staff may enter your information into our computer system.
- Business associates (e.g., a billing service) are bound by written contracts to protect your privacy.
- Appointment reminders may be left on your answering machine or with whoever answers the telephone.
- In an emergency, we may disclose information to a family member or another person responsible for your care.
- We may release some or all of your health information when required by law.
- If this practice is closed, your information will become the property of another physician. **EXCEPT AS DESCRIBED ABOVE, THIS PRACTICE WILL NOT USE OR DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR PRIOR WRITTEN AUTHORIZATION.**

Your Rights Regarding Your Health Information

- You may request in writing that we not use or disclose your health information as described above. We will let you know if we can fulfill your request.
- You have the right to know of any uses or disclosures we make beyond the above normal uses.
- You have the right to transfer reports or records (fees may apply).
- You have the right to request an amendment in writing. We may or may not make the change, but we will include your statement in your file. We will not remove or alter earlier documents.
- You have the right to receive a copy of this notice.

We reserve the right to change the terms of this notice and our Privacy Practices at any time.

You have the right to file a **privacy complaint** with the Department of Health and Human Services. For more information or assistance, please contact our Privacy Officer, Mary Simpkins, at (310) 679-2201.

This notice is effective April 1, 2003.