DRS. LAHIRI & MESIBOV, LLC

Patient Name: _____

Address/City/State/Zip: _____

Home Phone: _____ **Leave message:** ☐

Work Phone: _____ **Leave message:** ☐

Cell Phone: _____ **Leave message:** ☐

Date of Birth: _____ **Social Security Number:** _____

Email Address: _____

Race (Please circle one): Asian American Indian/Alaska Native Native Hawaiian/Other Pacific African American White Hispanic Other

Ethnicity (Please circle one): Hispanic/Latino Not Hispanic/Latino

Primary Language: _____ **Translator Needed:** ☐

Primary Insurance Name: _____

Subsciber Name: _____ **Subscriber DOB:** _____

ID#: _____ **Group #:** _____

Secondary Insurance Name: _____

Subscriber Name: _____ **Subscriber DOB:** _____

ID#: _____ **Group #:** _____

Employer Name: _____

Emergency Contact: _____ **Phone:** _____

Primary Pharmacy Name: _____

Mail Order Pharmacy Name: _____

☐ I authorize Drs. Lahiri & Mesibov, LLC to release any medical information including information about prescriptions, test results, appointment times, appointment scheduling, and billing to the following individuals: (**Personal contacts only. No Physicians**.) PLEASE LIST NAMES.

_____

_____

☐ I do not authorize any medical information to be released or discussed with anyone other than myself.

Patient Signature: _____ **Date:** _____

Medical History

Current Medications:

1. _____ **2.** _____ **3.** _____
4. _____ **5.** _____ **6.** _____
7. _____ **8.** _____ **9.** _____

Medical Problems: (Example: Hypertension)

1. _____ **2.** _____ **3.** _____
4. _____ **5.** _____ **6.** _____
7. _____ **8.** _____ **9.** _____

Surgeries, Date of Surgery: (Example: Appendectomy, 1995)

1. _____ **2.** _____ **3.** _____
4. _____ **5.** _____ **6.** _____

Family History: (Examples: Heart Attack – Father, Breast Cancer – Sister, Type 2 Diabetes – Mother)

1. _____ **2.** _____ **3.** _____
4. _____ **5.** _____ **6.** _____

Social History:

Are you: Single _____ **Married** _____ **Divorced** _____ **Widowed** _____
Number of children: _____
Your Occupation: _____
Your Spouses Occupation: _____
Do you smoke? Yes _____ **No** _____
If yes, how many packs/day? _____ **For how many years?** _____
Do you drink alcohol? Yes _____ **No** _____ **# of drinks /week** _____
Do you take any illicit drugs? Yes _____ **No** _____
If yes, please describe:
Are you on any kind of special diet? Yes _____ **No** _____
If yes, please describe:
Do you exercise regularly? Yes _____ **No** _____
If yes, please describe the exercise you do and how often. (Example: Walk 30 minutes, 5 days/week.)

_____

Do you have allergies to or have you ever had an adverse reaction to any medication? Please list and describe. (Example: Penicillin – rash)

1. _____ **2.** _____ **3.** _____
4. _____ **5.** _____ **6.** _____

Patient: _____ **Age:** _____

DRS. LAHIRI & MESIBOV, LLC

HIPAA Notice of Privacy Practices

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

We are required to abide by federal and state laws to protect your health information. This information concerns treatment, payment, and health care operations (TPO) of each and every patient. This notice describes how we may use and disclose your TPO and for other purposes that are permitted or required by law. We are further required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice at any time. The new notice will be effective for all protected health information (PHI)* that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices.

*Protected health information is about you, including demographic information that may identify you and that relates to your past, present or future physical or mental health or conditions and related health care services.

1. Uses and Disclosures of Protected Health Information

Uses and Disclosures of Protected Health Information based upon your written consent.

You will be asked by this office to sign a consent form. This consent form gives Drs. Lahiri and Mesibov, LLC the right to use and disclose your PHI for treatment, payment and health care operations. This information may be used by Drs. Lahiri and Mesibov, LLC, staff, and others outside of our office that are involved in your care and treatment for the purposes of providing health care services to you. This information may also be used and disclosed to pay your health care bills and to support the operation of this practice.

Treatment: We may use and disclose your PHI to a physician or other health care provider providing treatment to you. We may also use or disclose your PHI to a health care provider so that we can make decisions regarding referrals for further health care service.

Payment: We may use and disclose you PHI in order to obtain payments for services rendered. This information may be disclosed to insurance companies for determination of eligibility, authorization of services, or justification of charges.

Healthcare Operations: We may use or disclose, as needed, your PHI in order to support the business activities of this office. These activities include, but are not limited to, quality assessment activities and conducting or arranging for other business activities. We may also call you by name in the waiting room when your doctor is ready to see you, or use your PHI to contact you for reminder of appointments.

We will share your PHI with third-party "business associates" that perform various activities (e.g., filing electronic claims, updating computer software, and collection of accounts) for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your PHI, we will have a written contract that contains terms that will protect the privacy of your PHI.

Your Written Authorization: Other uses and disclosures of your PHI will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke disclosure indicated in the authorization.

You have the opportunity to agree or object to the use or disclosure of all or part of you PHI. If you are not present or able to agree or object, then your physician may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the PHI that is relevant to your health care will be disclosed.

Personal Representatives: Unless you object, we may disclose to a member of your family, a relative, a close friend, or any other person you identify, your PHI that directly relates to that person's involvement in your health care. If you are unable to agree of object, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose your PHI to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, we may use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

Emergencies: We may use or disclose you PHI in an emergency treatment situation. If this happens, your physician shall try to obtain your consent as soon as reasonably practicable after the delivery of treatment. If your Drs. Lahiri & Mesibov, LLC physician is required by law to treat you and has attempted to obtain your consent but is unable to obtain it, he or she may still use or disclose your PHI to treat you.

Communication Barriers: We may use or disclose your PHI if a Drs. Lahiri & Mesibov LLC physician attempts to obtain consent from you but is unable to do so due to substantial communication barriers and the physician determines, using professional judgment, that your intent is to consent to use or disclose under the circumstances.

2. <u>Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization or Opportunity to Object.</u>

We may use or disclose you PHI in the following situations without your consent or authorization:

Required by Law: We may use or disclose your PHI to the extent that the law requires it. The use and disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

Public Health: We may disclose your PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose you PHI, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

Communicable Disease: We may disclose your PHI, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contacting or spreading the disease or condition.

Health Oversight: We may disclose you PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefits programs, other government regulatory programs, and civil rights laws.

Abuse or Neglect: We may disclose your PHI to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your PHI if we believe that you have been a victim of abuse, neglect or domestic violence, to the governmental entity or agency authorized to receive such

information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Food and Drug Administration: We may disclose your PHI to a person or company required by the Food and Drug Administration to report adverse events, produce defects or problems, biologic product deviations, track products to enable product recalls, to make repairs or replacements, or to conduct post-marketing surveillance, as required.

Legal Proceedings: We may disclose your PHI in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to subpoena, discovery request or other lawful process.

Law Enforcement: We may also disclose your PHI, so long as applicable legal requirements are met, for law enforcement purposes. These requirements include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of the practice, and (6) medical emergency (not on the practice's premises) and it is likely that a crime has occurred.

Coroners, funeral Directors, and Organ Donations: We may disclose your PHI to a coroner or medical examiner for identification purposes; determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose you PHI to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. Your PHI may be used and disclosed for cadaver organ, eye or tissue donation purposes.

Criminal Activity: Consistent with applicable federal and state laws, we may disclose you PHI, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military Activity and National Security: When the appropriate conditions apply, we may use or disclose the PHI of individuals who are Armed Forces personnel (1) for activities deemed necessary by the appropriate military command authorities, (2) for the purpose of a determination by the Department of Veteran Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military service. We may disclose you PHI to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

Worker's Compensation: We may disclose you PHI as authorized to comply with worker's compensation laws and other similar legally established programs.

Inmates: We may use or disclose you Phi if you are an inmate of a detention or correctional facility and your physician created or received your PHI in the course of providing care to you.

Required Uses and Disclosures: Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine compliance with the requirements of Section 164.500 et. Seq.

3. Your Rights

Following is a statement of your rights with respect to your PHI and a brief description of how you may exercise.

You have the right to inspect and copy your health information. This means you may inspect and obtain a copy of a PHI about you that in contained in a designated record set for as long as we maintain the PHI. A "designated record set" contains medical and billing records and any other records that your physician and the practice may use for making decisions about you.

Under federal law, however, you may not inspect or copy the following records: psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and a PHI that is subject to law that prohibits access to the PHI. Depending on the circumstances, a decision to deny access may be reviewed. In some circumstances, you may have a right to have this decision reviewed. Please contact our Privacy Officer if you have questions about access to your medical record.

You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of you PHI for purpose of treatment, payment, or healthcare operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in you care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restrictions requested and to whom you want the restriction to apply. Your physician is not required to agree to a restriction. The physician may choose to use or disclose this information if he or she believes that it is in your best interests to do so. If the physician agrees to the request for restriction, we may not use or disclose your PHI unless it is to provide emergency treatment. Please discuss any requests for restrictions that you have with our staff. You may request a restriction by completing and signing a Records Release Restriction form provided by our Privacy Officer.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other methods of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Officer.

You have the right to receive an accounting of certain disclosures we have made of your PHI. This right applies to disclosure for purposes other that treatment, payment, or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, for a facility director, to family member or friends involved in you care or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions, and limitations.

You have the right to obtain a paper copy of this notice from us.

You have the right to provide an Authorization for Other Uses and Disclosures. Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose you PHI for the purposes described in the authorization. Please note, we are required to retain records for your care.

Complaints. You may complain to us or to the Secretary of Health and Human Services if you believe we have violated your privacy rights. You may file a complaint with us by notifying our Privacy Officer and giving all pertinent information.

If further information regarding the complaint process is needed, you can contact us by mail at:

Drs. Lahiri & Mesibov, LLC
Privacy Officer
118 Central Park Square
Los Alamos, NM 87544

Phone: (505) 662-4798
Fax: (505) 661-9637

DRS. LAHIRI & MESIBOV, LLC

PRIVACY PRACTICES ACKNOWLEDGEMENT

I have received a copy of the Notice of Privacy Practices, and I have been provided an opportunity to review it.

NAME _____ **BIRTHDATE** _____

SIGNATURE _____ **DATE** _____