

Dr. Iman Bar

Authorization for Treatment, Billing Insurance and Payment

I authorize care and treatment by Dr. Iman Bar, and agree to pay all fees and charges for such treatment. I am aware that my doctor's office is unable to know all the out of pocket expenses I may incur while being treated. As a result, I understand that I am financially responsible for all charges whether or not they are covered by any insurance. Should my insurance require prior authorization for an office visit, I understand that I am ultimately responsible for obtaining the authorization.

I hereby authorize Iman Bar, M.D. to furnish any medical information necessary to process my claims to insurance carriers and hereby assign to the doctor all payments for medical services rendered. I also authorize the disclosure of my medical record to any health care provider for continued patient care.

Payment for services rendered, including co-pays, is expected at the time of service.

I further permit copies of this authorization to be used in place of the original. If my account is referred to an attorney or agency for collection, I agree to pay reasonable fees and collection expenses.

Your appointment has been exclusively reserved for you. Should you miss your appointment without a 24-hour notice, you will be subjected to a \$50.00 office fee.

I acknowledge that the Health Information Patient Privacy Act has been made available to me.

This authorization will remain in effect until revoked by me in writing.

Print Name

Signature

Date

PATIENT REGISTRATION FORM

Date: _____ Chart Number: _____

PATIENT INFORMATION

How did you hear about our clinic? _____ Email Address _____

Last Name _____ First Name _____ M Initial _____

Address _____

City/St/Zip _____ Date of Birth _____

Marital Status (circle) Single Partnered Married Separated Divorced Widowed

Age _____ Height _____ Weight _____ SS # _____

Home Phone _____ Cell _____

Employer _____ Work Phone _____

Work Address _____ City/State/Zip _____

Employment status: (circle) Full-time Part-time Retired Self-employed Active Military None

How would you like to be contacted for lab results & appointment reminders? (circle) Cell Ph. Home Ph. Text E-mail Fax

Occupation: _____

EMERGENCY CONTACT

Name _____ Relationship to Patient _____

Home Phone _____ Mobile Phone _____

INSURANCE INFORMATION

PRIMARY INSURANCE _____ Insured ID# _____

Is this a Medicare Advantage or Medicare Replacement Plan? _____

Address _____ Group# _____

City/St/Zip _____ Phone _____

POLICY HOLDER INFORMATION (if different than yourself)

Name of Insured _____ **Insured Date of Birth** _____

Patient Relationship to Insured _____

If Insurance is through a Group Health Plan, List Name of Company/Employer: _____

Is Insurance is through a Group Health Plan, are you currently employed by that Company? Y/N

Do you have Secondary Insurance? Y/N

SECONDARY INSURANCE _____ Insured ID# _____

Is your Secondary Insurance Medicare, or a Medicare Replacement/Advantage Plan? _____

Address _____ Group# _____

City/St/Zip _____ Phone _____

POLICY HOLDER INFORMATION (if different than yourself)

Policy Owner _____ **Insured Date of Birth** _____

Patient Relationship to Policy Owner _____

Dr Iman Bar
2865 E. Coast Hwy. Suite 150
Corona Del Mar Ca, 92625

Notice of Privacy Practices
Health Information Patient Privacy Act

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. You have a right to a paper copy of the Notice of Privacy Practice.

We understand the importance of privacy and are committed to maintaining the confidentiality of your medical information. We make a record of the medical care we provide and may receive such records from others. We use these records to provide or enable other health care providers to provide quality medical care, to obtain payment for services provided to you as allowed by your health plan, and to enable us to meet our professional and legal obligations to operate this medical practice properly. We are required by law to maintain the privacy of practices with respect to protected health information. This notice describes how we may use and disclose your medical information. It also describes your rights and our legal obligations with respect to your medical information. If you have any questions about this notice, please contact our privacy officer.

I. HOW THIS MEDICAL PRACTICE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION

This medical practice collects health information about you and stores it in a chart and on a computer. This is your medical record. The medical record is the property of this medical practice, but, the information in the medical record belongs to you. The law permits us to use or disclose your health information for the following purposes:

TREATMENT: We use medical information about you to provide your medical care. We disclose medical information to our employees and others who are involved in providing the care you need. We may share your medical information with other physicians, pharmacists, labs, and other health care providers that provide services that we do not provide.

PAYMENT: We use and disclose medical information about you to obtain payment for the services we provide.

HEALTH CARE OPERATIONS: We may use and disclose medical information about you to operate this medical practice. We may use and disclose this information to get your health plan to authorize services or referrals. We may also use and disclose this information as necessary for medical review; legal services and audits, including fraud and

abuse detection; compliance programs; and business planning and management.

APPOINTMENT REMINDERS: We may use and disclose medical information to contact and remind you about your appointment. If you are not home, we may leave this information on your answering machine or with the person answering the phone. At no time will we ever leave medical condition information with anyone other than you, not on answering devices, nor any persons residing at your residence.

NOTIFICATION AND COMMUNICATION WITH FAMILY: We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or in the event of your death. In the event of a disaster we may disclose information to a relief organization so that they may coordinate these notification efforts. We may also disclose information to someone who is involved with your care or helps pay for your care. If you are able and available to agree or object, we will give you the opportunity to object prior to making these disclosures, although we may disclose this information in a disaster even over your objection if we believe it is necessary to respond to the emergency circumstances. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.

MARKETING: We may contact you to give you information about products or services related to your treatment, case management or care coordination, or to direct or recommend other treatments or health-related benefits and services that may be of interest to you, or to provide you with samples. We will not otherwise use or disclose your medical information for marketing purposes without your written authorization.

REQUIRED BY LAW: As required by law, we will use and disclose your health information, but we will limit our use or disclosure to the relevant requirements of the law. When the law requires us to report abuse, neglect or domestic violence, or respond to judicial or administrative proceedings, or to law enforcement officials, we will further comply with the requirement set forth below concerning those activities.

PUBLIC HEALTH: We may, and are sometimes required by law to disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child, elder, and dependent adult abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infectious exposure.

HEALTH OVERSIGHT ACTIVITIES: We may disclose your health information to health oversight agencies during the course of audits, investigations, inspections, licensure and other proceedings, subject to the limitations imposed by federal and California law.

JUDICIAL AND ADMINISTRATIVE PROCEEDINGS: We may, and are sometimes required by law, to disclose your health information in the course of any administrative or judicial proceeding to the extent expressly authorized by a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request or other lawful process if reasonable efforts have been made to notify you of the request and you have not objected, or if your objections have been resolved by a court administrative order.

LAW ENFORCEMENT: We may, and are sometimes required by law, to disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness, or missing person, complying with a court order, warrant, grand jury subpoena and other law enforcement purposes.

CORONERS: We may disclose your health information to coroners in connection with their investigations of deaths.

ORGAN OR TISSUE DONATION: We may disclose your health information to organizations involved in procuring, banking, or transplanting organs and tissues.

PUBLIC SAFETY: We may, and are sometimes required by law, to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

SPECIALIZED GOVERNMENT FUNCTIONS: We may disclose your health information for military or national security purposes or to correctional institutions or law enforcement officers that have you in their lawful custody.

WORKERS COMPENSATION: We may disclose your health information as necessary to comply with worker's compensation laws. We are also required by law to report cases of occupational injury or occupational illness to the employer or workers' compensation insurer.

II. WHEN THIS MEDICAL PRACTICE MAY NOT USE OR DISCLOSE YOUR HEALTH INFORMATION

Except as described in the notice of privacy practice, this medical practice will not use or disclose health information which identifies you without your written authorization. If you do authorize this medical practice to use or disclose your health information for another purpose, you may revoke your authorization in writing at any

time.

III. YOUR HEALTH INFORMATION RIGHTS

RIGHT TO REQUEST SPECIAL PRIVACY PROTECTION: You have the right to request restrictions on certain uses and disclosures of your health information, by a written request specifying what information you want to limit and what limitations on our use or disclosure of that information you wish to have imposed. We reserve the right to accept or reject your request, and will notify you of our decision.

RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS: You have the right to request that you receive your health information. We will comply with all reasonable requests submitted in writing which specify how or where you wish to receive these communications.

RIGHT TO INSPECT AND COPY: You have the right to inspect and copy your health information, with limited exceptions. To access your medical information, you must submit a written request detailing what information you want access to and whether you want to inspect it or get a copy of it. We will charge a reasonable fee. We may deny your request under limited circumstances. If we deny your request to access your child's records or the records of an incapacitated adult that you are representing because we believe allowing access would be reasonably likely to cause substantial harm to the patient, you will have a right to appeal our decision.

RIGHT TO AMEND OF SUPPLEMENT: You have a right to request that we amend your health information that you believe is incorrect or incomplete. You must make a request to amend in writing, and include the reasons you believe the information is inaccurate or incomplete.

RIGHT TO AN ACCOUNTING OF DISCLOSURES: You have a right to receive an accounting of disclosures of your health information made by this medical practice, except that this medical practice does not have to account for the disclosures provided to you or pursuant to your written authorization, or as described in paragraphs 1(Treatment), 2 (Payment), 3(Health Care Operations), 6 (Notification and Communication with Family), and 16(Specialized Government Functions) of Section I of this Notice of Privacy Practices of disclosures for purposes of research or public health which exclude direct patient identifiers, or which are incident to a use or disclosure otherwise permitted or authorized by law, or the disclosures to a health oversight agency or law enforcement official to the extent this medical practice has received notice from that agency or official that providing this accounting would be reasonably likely to impede their activities.

IV. CHANGES TO THIS NOTICE OF PRIVACY PRACTICES

We reserve the right to amend this Notice of Privacy Practices at any time in the future. After an amendment is made, the revised Notice of Privacy Protections will apply to all protected health information that we maintain regardless of when it was created or received. We will keep a copy of the current notice posted in our reception area, and will offer you a copy at your next appointment.

V. COMPLAINTS

Complaints about this Notice of Privacy Practices of how this medical practice handles your health information should be directed to our Privacy officer.

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF CIVIL RIGHTS
HUBERT H. HUMPHREY BUILDING
200 INDEPENDENCE AVE, S.W.
ROOM 509F HHH BUILDING
WASHINGTON, DC. 20201

You WILL NOT be penalized for filing a complaint.