Regina Politis, M.D.
Sushma Kaki, M.D.
3526 John F. Kennedy Boulevard,
Jersey City, NJ 07307

Patient Release and Consent to Treat:

By signing below, I hereby agree to have my child/children examined by Regina Politis, M.D. and/or Sushma Kaki, M.D. I give consent to share my and my child/children(s)' information which may be sent and exchanged electronically in order to facilitate the processing of claims. Should the need arise to appeal any claims; I give permission to the office staff to act on my behalf. I permit a copy of this release to be used in place of the original.

Signature: _____ Date: _____

(Signature of insured or authorized person, patient or parent of minor)

HIPPA/PRIVACY PRACTICES

We are required by law to maintain the privacy of individuals with this notice of our legal duties and privacy practices with respect to protect health information. If you have any objection to this form, please ask to speak with our HIPPA Compliance Officer in person or by phone. Signature below is only acknowledgement that you have received this Notice of our Privacy Practices.

Patient Name: _____ Relationship: _____

Parent/Guardian (Print Name): _____ Signature: _____

Date: _____

Employee Witness: _____