

SAMIR JAIN MD, FACC
599 Route 37 West, Suite 5, Toms River, NJ 08755
Phone: 732-608-9737 Fax: 732-608-9744
Email: contact@samirjainmd.com www.samirjainmd.com

Invasive & Non-invasive Cardiology
Board certified in Echocardiography & Nuclear Cardiology

HIPPA PRIVACY ACKNOWLEDGEMENT

ACKNOWLEDGEMENT FORM

I am aware of the Notice of Privacy or will be offered the opportunity to review it if requested by myself

NAME: _____ BIRTHDATE: _____

SIGNATURE: _____ DATE: _____

PATIENT RECORD OF DISCLOSURE

I wish to be contacted in the following manner OK TO (check all that apply):

Home Telephone

- leave message with detailed information
 leave message with call back number only

Work Telephone _____

- leave message with detailed information
 leave message with call back number only

Cell phone _____

- leave message with detailed information
 leave message with call back number only

Fax (number _____)

You may leave any medical information in reference to my health to:

HIPPA regulations give patients the right to decide how their physician can disclose or even communicate information regarding their health. You are provided the right of confidentiality, even if that includes withholding information to a spouse or immediate family member.

Patient Signature: _____ DATE: _____

Print Name: _____ Date of Birth: _____