GEORGIA'S
ALLERGY & ASTHMA
INSTITUTE
Caring For All Your Family Needs
PEDIATRIC AND ADULT ALLERGY AND ASTHMA SPECIALISTS
www.ga-aai.com

FARIA KHAN, M.D
6916 McGinnis Ferry Rd Ste 100, Suwanee, Ga 30024
3330 Preston Ridge Rd, Ste 240, Alpharetta, Ga 30005
Phone# 678.347.2111 Fax# 678.990.1387

RUCHIR AGRAWAL, M.D.
2140 Peachtree Rd NW, Suite 360, Atlanta, GA 30309
1635 East Highway 34, Suite A, Newnan, GA 30265
Phone# 678.347.2110 Fax# 678.990.1387

HIPAA Communication Form

Patient Name:____DOB:________Date:________

PERSONAL MEDICAL INFORMATION

May we leave personal medical information on your answering machine at home? Yes No

May we leave personal medical information on your answering machine at work? Yes No

May we leave personal medical information on your cell phone? Yes No

May we Email you? Yes No

If yes, please list your Email address__________________________________

May we discuss personal medical information with family members? Yes No

If yes, list name(s) of person(s) authorized:

Name: ____________________________ Relationship:______________________ Phone:_____________

Name: ____________________________ Relationship:______________________ Phone:_____________

Name: ____________________________ Relationship:______________________ Phone:_____________

By signing this consent, I indicate that I understand that email messages are not secure. I will not hold the practice or any of its employees liable for any loss of confidentiality associated with information transmitted by email. I understand that email is not encrypted and therefore is not secure. _____Initial

I hereby acknowledge that I have been made aware that Georgia's Allergy and Asthma Institute (IDC) has a Privacy Practice in place in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and has been revised in accordance to the new HIPAA guidelines that are in effect as of September 2013.

As a patient of Georgia's Allergy and Asthma Institute I understand and acknowledge the following:

1. Georgia's Allergy and Asthma Institute has a Notice of Privacy Practice in effect in their offices.
2. Georgia's Allergy and Asthma Institute has made this policy available to me for review, by placing a complete version in a binder that resides in the reception area and/or by placing a poster version of this policy in the reception area and a copy is also accessible via our website *entinstitute.com.*
3. Georgia's Allergy and Asthma Institute has made me aware, that as a patient I am entitled to a copy of the Notice of Privacy Practice (NPP) if I desire a copy for my personal file.

Upon your review of the above statements, please sign at the bottom acknowledging that you have been advised of the Notice of Privacy Practice (NPP) implemented by Georgia's Allergy and Asthma Institute (IDC) and have read and understand the acknowledgement form. If you desire a copy of the Notice of Privacy Practice (NPP), please request one at this time.

____ ____________

Patient /Parent /Guardian Signature Date