Rena Ahuja MD
355 Placentia Ave. Suite 209
Newport Beach, CA 92663
Phone: (949) 209-2789 Fax: (888) 726-1822

PATIENT HIPAA CONSENT FORM

I hereby acknowledge that I received a copy of this medical practice's Notice of Privacy Practices. I further acknowledge that a copy of the current notice will be posted in the reception area, and that a copy of any amended Notice of Privacy Practices will be available at each appointment.

Signed:_____ Date: _____

Print Name:_____ Telephone_____

CONSENT FOR USE OF E-MAIL

Dear Patients,

Our office uses email for non-urgent communication with our patients. We use it to send information to patients. It is generally a one way communication, however, sometimes patients prefer to communicate with the office via email. Please note that it is for non-urgent communication only.

For any life threatening emergency call 911 or go to the nearest emergency room. For any other important matters, please call our office at 949-209-2789.

I understand the purpose of the use of email and the office will not be held liable for any matters that arise with unreturned emails in a timely matter.

Patient Signature:_____ Date:_____

Print Name_____

PRESCRIPTION REFILL / RESULTS POLICY

I hereby acknowledge that I have read the prescription refill policy/lab results policy and will comply with it.

Dr Ahuja and her staff will try their best to notify patients of any results. However, it is ultimately the patient's responsibility to follow up on their results. We require patients to visit the doctor to discuss results/labs to address any concerns. No lab results will be sent to the patient via email or fax before their appointment with the doctor.

Patient Signature:_____
Name:_____**Date:**_____