

Dr. James A. Maher M.D.
GASTROENTROLOGY

DATE: _____ REF/PCP PHYSICIAN: _____

PATIENT NAME: _____ AGE: _____ WT: _____

DOB: _____ TELEPHONE#: (____) _____ MOBILE#: (____) _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

SS#: _____ E-MAIL: _____

EMPLOYER: _____

ADRESS: _____ TELEPHONE: (____) _____

PERSON TO NOTIFY IN CASE OF EMERGENCY: _____

RELATIONSHIP: _____ TELEPHONE: (____) _____

RESULTS CAN BE CALLED OR A MESSAGE LEFT ON THIS NUMBER: _____

PHARMACY NUMBER/LOCATION: _____

HAVE YOU BEEN SEEN IN THE HOSPITAL
___ NO

___ YES, IF SO WHAT HOSPITAL _____ DATE: _____

PRIMARY INSURANCE: _____ PROVIDER CALL #: _____

CERTIFICATE #: _____ GROUP #: _____

SUBSCRIBER: _____ DOB: _____

EMPLOYER: _____

ADRESS OF INSURANCE COMPANY: _____

SECONDARY INSURANCE: _____ PROVIDER CALL #: _____

CERTIFICATE #: _____ GROUP #: _____

SUBSCRIBER: _____ DOB: _____

EMPLOYER: _____

ADDRESS OF INSURANCE COMPANY: _____

ALL OFFICE VISITS ARE PAYABLE AT THE TIME SERVICES ARE RENDERED

**** CONCERNING COMPLAINTS****

COMPLAINTS ABOUT PHYSICIANS, AS WELL AS OTHER LICENSEES AND REGISTRANTS OF THE TEXAS STATE BOARD OF MEDICAL EXAMINERS, INCLUDING PHYSICIANS ASSISTANTS AND ACUPUNCTURISTS MAY BE REPORTED FOR INVESTIGATION AT THE FOLLOWING ADDRESS: TEXAS STATE BOARD OF MEDICAL EXAMINERS, ATTENTION: INVESTIGATIONS, 1812 CENTRE CREEK DRIVE, SUITE 300, P.O. BOX 149134, AUSTIN, TX 78714-9134. ASSISTANCE IN FILING A COMPLAINT IS AVAILABLE BY CALLING THE FOLLOWING 1-800-201-9353.

NOTICE OF PRIVACY PRACTICES
JAMES MAHER, M.D.
GASTROENTEROLOGY

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY.

We are ethically and legally required to maintain the privacy of protected health information we must provide individuals with notice of our legal duties and privacy policies with respect to protected health information. We must abide by the terms of our Notice of Privacy Practice currently in effect. We reserve the right to change our privacy practices that are described in the notice. We will post any revised notice in the waiting area and you may obtain a revised notice by forwarding a written request to our Chief Privacy Officer, Linda Estrada, at:

James Maher, M.D. Gastroenterology
21392 Provincial Blvd.
Katy, TX 77450

With your consent, we may use and disclose protected health information about you to carry out treatment, payment, or healthcare operation. Treatment means the provision of health care and related services by one or more healthcare providers. For example, we may disclose protected health information to nurses providing healthcare under our direction. Payment means the activities we take to obtain reimbursement for the provision of healthcare. For example, your health insurer may require us to provide information about the services we furnished to you before the insurer pays for the services. Healthcare operations include many oversight functions, such as quality assessment, credentialing, and business management. For example, we may disclose protected health information to licensing officials in obtaining or renewing our professional licenses.

We are required by federal and state law to disclose protected information without your written consent or authorization for certain national priority purposes. The following is a brief description of these national priority purposes:

Required by law	Public health authority
Person subject to the Food and Drug Administration	Person exposed to a communicable disease
Employer relation to workplace or work related illness (with notice to patient)	Government authority about victim of abuse, neglect or domestic violence
Health oversight agencies	Order of court of administrative tribunal

Subpoena, discovery request,
or other lawful process (with
notice or protective order)
Coroners and medical examiners

Law enforcement purposes

Funeral directors

Organ donation purposes

Research purposes

Avert serious threat to health or
safety

Military and veterans activity

National security and intelligence
activities

Protective services for the President and
others

Department of State medical suitability
determinations

Correctional institutions

Eligibility for public health benefits

Worker's compensation

We may use or disclose protected health information without your written consent or authorization for certain purposes unless you object. The following is a brief description of these purposes for which you have an opportunity to object:

- Directory of individuals in facility, limited: name, location in facility, condition in general terms, religious affiliation(disclose only to clergy)
- Family members and persons responsible for care
- Disaster relief purposes

Except as otherwise stated here, we will use and disclose your protected health information only with your written authorization and you may revoke such authorization at any time.

You have the following rights with respect to your protected health information:

- The right to request restrictions on certain uses and disclosure of protected health information, but we are not required to agree to your requested restrictions.
- The right to receive confidential communication of protected health information from us by alternative means or at alternative locations.
- The right to inspect and copy protected health information, subject to charges for the costs of copying, mailing, or other supplies associated with your request
- The right to amend protected health information

Patient signature

Date