Dr Supriya Thirunarayanan MD

Comprehensive Neurology Center, PA

HIPAA FORM

New Patient Consent to the Use and Disclosure of Health Information for Treatment, Payment, or Healthcare Operations

I,__________________________________, understand that as part of my healthcare, Dr Supriya Thirunarayanan M.D, maintains paper and/or electronic records describing my health history, symptoms, examination, and test results, diagnoses, treatment, and any plans for future care or treatment. I understand that this information serves as:

- A source for planning my care and treatment.
- A means of communication among the many health professionals who contribute to my care
- A source of information for applying my diagnosis and surgical information to my bill.
- A means by which a third-party payer can verify that services billed were actually provided.
- A tool for routine healthcare operations such as assessing quality and reviewing the competence of health care professionals.

I understand and have been provided with a Notice of Information Practices that provides a more complete description of the uses and disclosures of my health information. I understand that I have the following rights and privileges:

- The right to review the notice prior to signing this consent.
- The right to object to the use of my health information for directory purposes.
- The right to request restrictions as to how my health information may be used or disclosed to carry out treatment, payment, or healthcare operations.

I understand that I may revoke this consent in writing, except to the extent that the organization has already acted in reliance thereof. I also understand that by refusing to sign this consent or revoking this consent, this organization may refuse to treat me as permitted by 45 CFR Section 164.506 of the Code of Federal Regulations.

I further understand that Dr Supriya Thirunarayanan M.D. reserves the right to change their practice policies and prior to implementation, in accordance with 45 CFR Section 164.520 of the Code of Federal Regulations. Should Dr Supriya Thirunarayanan M.D. change their notice, they will send a copy of any revised notice to the address provided (whether U.S. mail, if I agree, e-mail).

I understand that Comprehensive Neurology Center PA(CNCPA) has established a Notice of Privacy Practices which provides information about how my protected health information can be used and disclosed. I consent to the use of my protected health information for the treatment, payment, and health care options.

1600 Coit Road, Suite 406, Plano, TX 75075 **Phone# 469-977-1010** **Fax#469-977-1155**

www.compneurocenter.com **scheduling@compneurocenter.com**