

VASCULAR AND INTERVENTIONAL SPECIALISTS OF ORANGE COUNTY, INC.

VASCULAR SURGERY AND ENDOASCULAR SURGERY

Tiffany Y. Wu, M.D.
Xuan-Binh (Ben) D. Pham, M.D.
Ehab E. Sorial, M.D.
Eric C. Kuo, M.D.

ENDOASCULAR AND INTERVENTIONAL RADIOLOGY

Kurt L. Openshaw, M.D.
Mahmood K. Razavi, M.D.
Bhavraj Khalsa, M.D.

PATIENT REGISTRATION

Please review and update the information below to the best of your ability

Patient's Full Name: _____

Date of Birth: ____/____/____ Gender: Male Female Social Security #: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone#: _____ Mobile Phone#: _____

E-mail: _____

Marital Status: Single Married Divorced Widowed

Primary Language: English Spanish Other: _____

Name of Primary Medical Doctor: _____

Name of Referring Doctor: _____

Referring Doctor's City: _____ Referring Doctor's Phone #: _____

Emergency Contact

Name: _____

Relationship to Patient: _____

Phone #: _____

Pharmacy

Name: _____

Crossroads: _____

Phone #: _____

If Patient Is A Minor, Legal Guardian's Printed Name: _____

Patient Signature: _____ Date: ____/____/____

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Patient's Full Name: _____

Date of Birth: ____ / ____ / ____

1. I have read and understand the HIPAA/Privacy Policy for VASCULAR AND INTERVENTIONAL SPECIALISTS OF ORANGE COUNTY, INC. Yes No
2. I hereby assign my insurance benefits to be paid directly to healthcare provider Yes No
3. I authorize VASCULAR AND INTERVENTIONAL SPECIALISTS OF ORANGE COUNTY, INC. to release medical information related to my claim Yes No
4. I have read and understand the Financial Policy for VASCULAR AND INTERVENTIONAL SPECIALISTS OF ORANGE COUNTY, INC. Yes No
5. I authorize VASCULAR AND INTERVENTIONAL SPECIALISTS OF ORANGE COUNTY, INC. to obtain access to my medication history Yes No
6. I authorize VASCULAR AND INTERVENTIONAL SPECIALISTS OF ORANGE COUNTY, INC. to contact me by mobile phone Yes No

If Patient Is A Minor, Legal Guardian's Printed Name: _____

Patient Signature: _____ Date: ____ / ____ / ____

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HIPAA PRIVACY REGULATIONS

Federal law, the Health Insurance Portability and Accountability Act of 1996, authorized the Department of Health & Human Services to adopt new rules to protect patient privacy.

Vascular and Interventional Specialists of Orange County will not reveal to any person personal information about you (name, address, social security number, health information) without permission. Your information will never be sold or listed for the purpose of advertisement, solicitation or fundraising.

Your personal information, however, will be used for the following:

- Patient registration
- Obtaining medical records from former physicians
- Discussion with colleagues for treatment/care
- Insurance: verification, billing and interaction with insurance company
- Collection of unpaid bills
- Hospital workers, nurses, aides and medical records department
- Emergency officials (paramedics, fire personnel, emergency room staff)
- Personal religious designate
- Pharmacists and drug program personnel
- Completion of disability forms
- Computer and electronically stored information

I, _____, hereby authorize the release of this necessary information to _____.

Patient Signature

Date