

MIDWEST NEPHROLOGY CONSULTANTS PRIVACY NOTICE PATIENT ACKNOWLEDGEMENT/ TELEPHONE CONTACT

ALEXIS G. THOMAS, M.D., F.A.C.P
 HARRIET S. LANGLEY, M.D., F.A.C.P
 NANCY BIRENBOIM, M.D., F.A.C.P
 SUBRAMANIAN SIVARAJAN, M.D., F.A.C.P

BRENNA JOHNSTON, ARNP-C

MAX J. GLASER, M.D.
 ROBERT E. GOLDBER, M.D.
 ALEXANDR ARAKELOV, M.D.
 AHBID KHAN M.D.

I, _____ have received a copy of Midwest Nephrology Consultant's Privacy Policy.

 Patient/ Guardian or Representative Signature Date

The *primary contact phone number* for our authorized staff to leave confidential, detailed medical messages in order to manage your specific medical condition while under the care of Midwest Nephrology Consultant physicians are:

 Primary telephone number Secondary telephone number

Additionally, I understand and agree to disable any call blocking feature from the above listed telephone numbers.

I, _____ give consent to Midwest Nephrology for the next 365 days, *(unless revoked by me sooner)* to **disclose or discuss detailed medical information and or/ billing information** with the following person or persons. **Please mark all that apply:**

Spouse: _____ Father: _____

Mother: _____ Daughter: _____

Son: _____ Sister: _____

Brother: _____

Power of Attorney: _____
Documentation must be on file.

Legal Guardian: _____
Documentation must be on file.

Executor and/or Trustee: _____
Documentation must be on file.

Other: _____
Documentation must be on file and approved by the Administrator and/ or the Nursing Coordinator.

1). ____ (Initial) I understand this is time specific, and in order for information to be released a current HIPAA notice must be on file, *unless revoked by me sooner.*

2). ____ (Initial) I have checked all information and request no changes be made at this time, please extend this request for and additional 365 days. This will end _____ (date) *unless revoked by me sooner.*

3). ____ (Initial) I have checked all information and request no changes be made at this time, please extend this request for an additional 365 days. This will end _____ (date) *unless revoked by me sooner.*

After the above date has expired or is revoked by me, I am aware a new HIPPA request must be filled out.
