# CAPITAL NEPHROLOGY

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## PATIENT CONSENT

### CONSENT FOR TREATMENT

I voluntarily consent to the rendering of care, including treatment and performance of diagnostic physician and it is the responsibility of the staff to carry out the instructions of such physician(s).

### RELEASE OF INFORMATION

By signing this form, you are granting consent to Promod K. Duggal, M.D., P.C. to use and disclose your protected health information for the purposes of treatment, payment and health care operation. Our notice of Privacy Practice provides more detailed information about how we may use and disclose this protected health information. You have a legal right to review our Notice of Privacy Practices before you sign this consent; we encourage you to read it in full.

Our Notice of Privacy Practices is subject to change.  If we change our Notice, you may obtain a copy of the revised notice my telephoning our office at (301) 345-2412.  You have a right to request us to restrict how we use and disclose your protected health information fro the purposes of treatment, payment or health care operations.  We are not required by law to grant your request.  However, if we decide to grant your request, we are bound by our agreement.

You have the right to revoke this consent in writing, except to the extent we already have used or disclosed your protected health information in reliance on your consent.

### MEDICARE AND MEDICAID CONSENT TO RELEASE INFORMATION

I certify that the information given by me in applying for payment under title XVII and/or Title XI of the Social Security Act is correct.  I authorize any holder or medical or other information about me, to release to Social Security Administration or its intermediary carriers, any information needed for this or related Medicare or Medicaid claim.

_____        _____
Print Patient's Name                                     Date


_____
Patient's Signature


_____
Other Than Patient, Print Name & Relationship


_____        _____
Witness Signature                                        Date