

CENTRAL CAROLINA KIDNEY ASSOCIATES, P.A.

Harmeet Singh, M.D.
Sarath Kolluru, M.D.

Munsoor Lateef M.D.
Taran Singh, M.D.

Dear _____,

Thank you for choosing our practice for managing your healthcare needs. We have you scheduled for an appointment in our office on _____ at _____ with **Dr. Singh / Lateef / Kolluru**. Please plan to arrive 15 minutes prior to your appointment time and be sure to do the following:

COMPLETE ALL FORMS IN THIS PACKET AND LIST ALL MEDICATIONS YOU CURRENTLY TAKE AND BRING THESE WITH YOU

Please bring in your current insurance card(s) and co-pay if applicable.

Be prepared to give a urine specimen on the day of your appointment. If you feel you may be unable to do so, please bring a specimen with you. It MUST be in a sterile container. (We can supply this if needed ahead of time)

Please be sure to eat and take all medications as prescribed on the day of your appointment, our labs DO NOT require that you fast.

We look forward to meeting you and again thank you for choosing Central Carolina Kidney Associates. **Please contact our office as soon as possible if this appointment needs to be changed or cancelled.**

2903 Professional Park Drive Suite D Burlington, North Carolina 27215
Phone: 336-584-4913 Fax: 336-584-4914
Web Site: www.centralcarolinakidney.com

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Directions to CCKA

From Greensboro: Take 40 East to Exit 141 Huffman Mill Rd. Turn right onto Huffman Mill Rd. and a left on Longpine Rd. Take a right onto Kirkpatrick Rd. Take a left on Professional Park Dr.

From Graham, Mebane or Durham: Take 40 West to Exit 141 Huffman Mill Rd. Turn left onto Huffman Mill Rd. Turn left onto Longpine Rd. and a right onto Kirkpatrick Rd. Take a left onto Professional Park Dr.

We are the 3rd street to the left after turning onto Kirkpatrick Rd.

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PATIENT ACKNOWLEDGMENT AND CONSENT

For New Patients Only

I have been given a copy of Central Carolina Kidney Associates's Notice of Privacy Practices, version effective 09/23/2013. I consent to the uses and disclosures of my health information as outlined in the Notice.

Signature of Patient or Representative

Date

Print Name

Relationship of Representative to Patient

Please describe the Representative's authority to act on behalf of Patient: _____

FOR Central Carolina Kidney Associates USE ONLY

If acknowledgment of receipt of the Notice of Privacy Practices is not obtained from the patient or the patient's representative, please explain your efforts to obtain acknowledgment and the reason you could not obtain it:

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CONSENT FOR RELEASE OF PROTECTED HEALTH INFORMATION TO FAMILY¹

I consent to disclosure of the following protected health information about me to the following family member(s) or person(s) involved in my care or payment for my care:

Check all that may apply:

- All my medical information
- Information necessary to schedule appointments for me
- Lab or test results
- Information necessary to provide, call in or pick up prescriptions for me
- Information necessary to help my family member(s) take care of me
- Information necessary to allow my family member(s) to pick up or arrange for medical equipment to be provided for me
- Information necessary to bill for or submit claims for care provided to me to government or private insurance payors

My consent will remain in effect as long as I am a patient of [Entity] unless and until I notify [Entity] in writing of any changes.

Signature of Patient or Representative

Date

Print Name

Relationship of Representative to Patient

¹ Although allowed under HIPAA, North Carolina law does not permit release of PHI outside of the Hospital unless required by law, pursuant to a court order or patient authorization, or for treatment, payment, or health care operations purposes as defined and limited by HIPAA. There is no exception for family members except for residents of a nursing home. The North Carolina physician-patient privilege statute, N.C.G.S. § 8-53, and HIPAA allow verbal authorization or consent for release, respectively, of information to family members. However, the better practice is to document the patient's consent in order to have clear evidence of the patient's intent. The package does not include a consent or authorization to release PHI to other providers or to insurance companies or others since most providers already have such forms. The contents of this form can be combined with such existing consent forms.

