The Virtual Nephrologist, INC.

ACKNOWLEDMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

(PLEASE READ CAREFULLY, COMPLETE and SIGN, then E-MAIL OR FAX BACK TO US)

As required by the Privacy Regulations, I hereby acknowledge that I have received a current copy of this practice's "NOTICE OF PRIVACY PRACTICES", revision date of May 21, 2020.
As required by the Privacy Regulations, I am aware that this practice has included a provision that it reserves the right to change the terms of its notice and to make the new notice provisions effective for all protected health information that it maintains.
Requests ONLY IF YOU WANT TO CHANGE ANYTHING otherwise SKIP and sign below:

____ I wish to file a "Request for Restriction" of my Protected Health Information.

____ I wish to file a "Request for Alternative Communications" of my Protected Health Information.

____ I wish to object to the following in the "Notice of Privacy Practices":

I understand that this office may change their Notice of Privacy Practices and is not required to honor the terms of the original or previous version(s).

Signature: _____ Date signed_____ Printed Name: _____

CONSENT

I give The Virtual Nephrologist, Inc. and A. O. Rifai, MD my consent to use my Protected Health Information to carry out my Virtual consultation and to obtain payment from me via PayPal or other means, direct e-mail billing to my e-mail of record.

I understand for any medical emergencies I should call 911 or go to the nearest ER.

I understand for any “time sensitive matter”, I should not use the internet. I understand that e-mails, or Zoom may not be HIPAA compliant.

I understand that The Virtual Nephrologist, Dr. Rifai is not my treating physician and for my ultimate decision and medications and direct patient care, I should see my primary care physician and any consultant I follow with, including Nephrologist or a Cardiologist.

Signature: _____ Date signed_____ Printed Name: _____

DO NOT WRITE BELOW THIS LINE_____

For Office Use Only: received by: _____ Date: _____

https://thevirtualnephrologist.com/

PO Box 1750
Lynn Haven, FL 32444, USA