Asthma & Allergy Care, PC
Sunita Kanumury, M.D.
ADULT AND PEDIATRIC ASTHMA, ALLERGY, AND SINUSITIS

GENERAL CONSENT
PATIENT/ GUARANTOR AGREEMENT

I,_____, give my consent to SUNITA KANUMURY, M.D.

and/or ANNA SZEMIOT, M.D. to examine, prescribe, perform all necessary tests and provide treatment.

Understanding this, I hereby authorize the above named doctor or whomever she may designate to administer such treatment.

I understand that my insurance policy is a contract between me and my Insurance Company and I am responsible for any charges not covered by insurance. Any balance on the account after insurance pays will be due payable by me.

I herby authorize the release of any and all medical and /or charge information as is necessary for third-party reimbursement from Medicare, any private Insurance and/or any agency involved in the payment of my treatment.

During the course of treatment, if any healthcare workers in the practice become directly exposed to blood or body fluids, as per State Law I would consent for a sample of my blood tested for the presence of infectious diseases. The results will be released to me and to the healthcare workers who suffered exposure.

The assignment/obligations and authorizations set forth in this statement and the insurance assignment shall be binding upon me both for the present treatment and that which may be rendered to me and my family in the future by this practice.

I, _____, ( ) acknowledge receipt this day from ASTHMA & ALLERGY CARE, P.C. of a copy of the NOTICE OF PRIVACY PRACTICES of ASTHMA & ALLERGY, P.C.

I understand it is the policy of ASTHMA & ALLERGY CARE to telephone me with results of blood tests, studies, etc. If not available, I expect and accept that a message may be left with those answering or as a voice message to call the office.

I give permission for my personal health information to be disclosed to the following people

only: _____

I wish to be contacted in the following manner (check all that apply):
____Home Telephone, ____Leave message with detailed information, ____Leave message with call back number only.
____Work Telephone, ____Leave message with detailed information, ____Leave message with call back number only.
____Written Communications, ____Mail to my home Address, ____Mail to my work/office address,
Fax written communications to this number ( )_____.

I understand that I may revoke or restrict these permitted disclosures, in writing, at any time.

SIGNED_____ WITNESS_____

DATE_____