

PATIENT REGISTRATION

Please print clearly so that we can process your information quickly and efficiently. Thank you!

Name (First, M.I., Last) _____

Date of Birth: _____ Age: _____ Male / Female Marital Status: S M W D

Address: _____

Phone Number _____ Social Security # _____ Driver's License # _____

Employer _____ Phone: _____

Employer Address: _____

Referring Physician: _____

If Student, School Name _____ Full-Time / Part-Time

Responsible Party

Name: _____

Relationship to Patient: _____

Address: _____

Phone Number: _____ Social Security # _____

Employer: _____

Phone Number: _____ Employer Address: _____

Emergency Contact: _____ Phone Number: _____

Relationship: _____

Insurance Information

Insurance Company: _____

Phone Number: _____ Address: _____

Group # _____ Certificate or ID # _____

Insured's Name: _____ Relationship to Patient: Self / Spouse / Dependent

Insured's Employer _____ Phone Number: _____

Employer Address: _____

Insured's Social Security # _____ Date of Birth _____ Male / Female

E-Mail Address: _____

I hereby assign, transfer, and set over to Anshul Agarwal, MD/Anagha Agarwal, MD AlphaHealth Medical Associates all of my rights, title, and interest to my medical reimbursement benefits under my insurance policy. I authorize the release of any medical information needed to determine these benefits. This authorization will remain valid until I revoke it by written notice. I understand that I am financially responsible for all charges whether or not they are covered by insurance.

Patient Signature: _____ Date: _____

PATIENT CONSENT TO TREAT

I hereby give my consent to Dr. Anshul Agarwal, MD/Dr. Anagha Agarwal, MD and authorize her/him to provide my medical treatment. I understand that Dr. Anshul Agarwal, MD/Dr. Anagha Agarwal, MD will explain my condition(s), foreseeable risks, and methods of treatment for my condition before treatment is provided. I authorize Dr. Anshul Agarwal, MD/Dr. Anagha Agarwal, MD to perform any additional or different treatment that is thought necessary if, in an emergency, a condition is discovered that was not known previously.

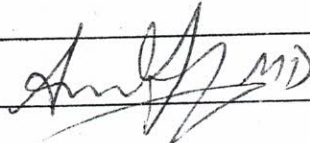
I have carefully read and I fully understand this Patient Consent to Treat form and have had the opportunity to discuss my condition and the above procedure(s) with the care provider. All my questions have been adequately answered.

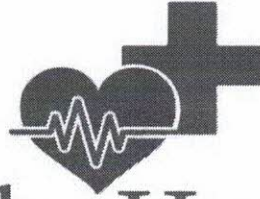
Patient Name: _____

Patient Signature: _____ Date: _____

Parent or Legal Guardian Signature (for minor): _____

Relationship to the Patient: _____

Signature of Treating Provider:  _____ Date: _____



AlphaHealth

PRIMARY CARE CLINIC

Date: _____

Dear Patient _____

We would like to take a moment to personally welcome you to our practice. We are pleased that you have chosen Dr. Anshul Agarwal, MD / Dr. Anagha Agarwal, MD at AlphaHealth Medical Associates to be your primary care provider. It is our responsibility to deliver the best healthcare possible. We are a full spectrum family practice specializing in the care of patient's ages four (4) & up. Please call our Duncanville/Frisco office location to schedule an appointment. Our office is open Monday through Friday from 8:00 AM to 5:00 PM. Patients are seen by scheduled appointment only, though we do offer many same day walk-in appointments for acute needs. After hour care is provided through the AlphaHealth Medical Associates family medicine physicians and coordinated through after hours Telephone Service. Patients will be directed to the appropriate On Call Provider message inbox when calling our office after hours, including weekends and holidays, and they can leave a message with a callback number, which will be returned promptly. Dr. Agarwal and all other providers at AlphaHealth Medical Associates are affiliated with Dallas Methodist Physician Network and Hospital. If hospitalization is needed, we work directly with the hospitalists to assure a smooth transition with your health care. We also have many specialty practices in our Methodist Health System, and if a referral to a specialist is needed, we will be happy to arrange that for you. The information you provide is confidential and is only reviewed by staff processing your application. Before you first visit, please notify your health insurance company of your new primary care provider if required. We will also need the Registration Form, Health Questionnaire and Medical Record Release Authorization forms filled out when you arrive for your first appointment. Please bring the following with you: 1. All of your Health Insurance Cards (we will ask for them at every visit). 2. Photo Identification 3. A list of all medications you are currently taking, including vitamins and over the counter medications. If you have any questions or need to reschedule this appointment please call our office. We do require 24-hour notice if you are unable to keep your scheduled appointment. It is our policy that after (3) three missed appointments we reserve the right to discharge you from our practice. Thank you for trusting Dr. Agarwal at AlphaHealth Medical Associates to help with your healthcare needs.

Sincerely,

The Staff and Providers of AlphaHealth Medical Associates

Dr. Anshul Agarwal, MD

Dr. Anagha Agarwal, MD

AlphaHealth Medical Associates Duncanville
1014 E Wheatland Rd. Ste# A
Duncanville, TX 75116
P: 214-550-2330

AlphaHealth Medical Associates Frisco
255 W Lebanon Ste#116
Frisco, TX 75036
P: 469-405-0500

NOTICE OF PRIVACY PRACTICES

Effective Date: January 1, 2018

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

If you have any questions about this Notice, please contact:

Dr. Anshul Agarwal, MD/Dr. Anagha Agarwal, MD

WHO WILL FOLLOW THIS NOTICE?

- Anshul Agarwal, MD/Anagha Agarwal, MD
- Anshul Agarwal, MD/ Anagha Agarwal, MD & all AlphaHealth Medical providers.
- All Anshul Agarwal, MD/Anagha Agarwal, MD & all AlphaHealth Medical Associate employees.

We understand that medical information about you and your health is personal and are committed to protecting this information. When you receive care with Anshul Agarwal, MD/Anagha Agarwal, MD AlphaHealth Medical Associates a record of the care you received is made. Typically, this record contains your treatment plan, history and physical, test results, and billing record. This record serves as a:

- Basis for planning your treatment and services;
- Means of communication among the physicians and other health care providers involved in your care;
- Means by which you or a third-party payor can verify that services billed were actually provided;
- Source of information for public health officials; and
- Tool for assessing and continually working to improve the care rendered.

This Notice tells you the ways we may use and disclose you're Protected Health Information (referred to herein as "medical information"). It also describes your rights and our obligations regarding the use and disclosure of medical information.

OUR RESPONSIBILITIES.

Anshul Agarwal, MD/Anagha Agarwal, MD AlphaHealth Medical Associates shall:

- Make every effort to maintain the privacy of your medical information;
- Provide you with notice of our legal duties and privacy practices with respect to information we collect and maintain about you;

- Abide by the terms of this notice;
- Notify you if we are unable to agree to a requested restriction; and
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.
- Anshul Agarwal, MD/Anagha Agarwal, MD AlphaHealth Medical Associates will notify you, and the Department of Health & Human Services, of any unauthorized acquisition, access, use or disclosure of your unsecured medical information that presents a significant risk of financial, reputational or other harm to you, to the extent required by law. Unsecured medical information means medical information not secured by technology that renders the information unusable, unreadable, or indecipherable as required by law.

THE METHODS IN WHICH WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU.

The following categories describe different ways we may use and disclose your medical information. The examples provided serve only as guidance and do not include every possible use or disclosure.

- **For Treatment.** We will use and disclose your medical information to provide, coordinate, or manage your health care and any related service. For example, we may share your information with your primary care physician or other specialists to whom you are referred for follow-up care.
- **For Payment.** We will use and disclose medical information about you so that the treatment and services you receive may be billed and payment may be collected from you, an insurance company, or a third party. For example, we may need to disclose your medical information to a health plan in order for the health plan to pay for the services rendered to you.
- **For Health Care Operations.** We may use and disclose medical information about you for office operations. These uses and disclosures are necessary to run Anshul Agarwal, MD/Anagha Agarwal, MD AlphaHealth Medical Associate in an efficient manner and provide that all patients receive quality care. For example, your medical records and health information may be used in the evaluation of services, and the appropriateness and quality of health care treatment. In addition, medical records are audited for timely documentation and correct billing.
- **Appointment Reminders.** We may use and disclose medical information in order to remind you of an appointment. For example, may provide a written or telephone reminder that your next appointment with your provider is coming up.

Research. Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may

- involve comparing the surgical outcome of all patients for whom one type of procedure is used to those for whom another procedure is used for the same condition. All research projects, however, are subject to a special approval process. Prior to using or disclosing any medical information, the project must be approved through this research approval process. We will ask for your specific authorization if the researcher will have access to your name, address, or other information that reveals who you are, or will be involved in your care.
- **As Required by Law.** We will disclose medical information about you when required to do so by federal or Texas laws or regulations.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you to medical or law enforcement personnel when necessary to prevent a serious threat to your health and safety or the health and safety of another person.
- **Sale of Practice.** We may use and disclose medical information about you to another health care facility or group of physicians in the sale, transfer, merger, or consolidation of our practice.

SPECIAL SITUATIONS.

- **Organ and Tissue Donation.** If you have formally indicated your desire to be an organ donor, we may release medical information to organizations that handle procurement of organ, eye, or tissue transplantations.
- **Military and Veterans.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities.
- **Workers' Compensation.** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Qualified Personnel.** We may disclose medical information for management audit, financial audit, or program evaluation, but the personnel may not directly or indirectly identify you in any report of the audit or evaluation, or otherwise disclose your identity in any manner.
- **Public Health Risks.** We may disclose medical information about you for public health activities. These activities generally include the following activities:
 - To prevent or control disease, injury, or disability;
 - To report reactions to medications or problems with products;
 - To notify people of recalls of products they may be using;
 - To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and
 - To notify the appropriate government authority if we believe you have been the victim of abuse, neglect, or domestic violence.

All such disclosures will be made in accordance with the requirements of Texas and federal laws and regulations.

- **Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. Health oversight agencies include public and private agencies authorized by law to oversee the health care system. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, eligibility or compliance, and to enforce health-related civil rights and criminal laws.
- **Lawsuits and Disputes.** If you are involved in certain lawsuits or administrative disputes, we may disclose medical information about you in response to a court or administrative order.
- **Law Enforcement.** We may release medical information if asked to do so by a law enforcement official:
 - In response to a court order or subpoena; or
 - If Anshul Agarwal, MD/Anagha Agarwal, MD AlphaHealth Medical Associate determines there is a probability of imminent physical injury to you or another person, or immediate mental or emotional injury to you.
- **Coroners, Medical Examiners and Funeral Directors.** We may release medical information to a coroner or medical examiner when authorized by law (*e.g.*, to identify a deceased person or determine the cause of death). We may also release medical information about patients to funeral directors.
- **Inmates.** If you are an inmate of a correctional facility, we may release medical information about you to the correctional facility for the facility to provide you treatment.
- **Other Uses or Disclosures.** Any other use or disclosure of PHI will be made only upon your individual written authorization. You may revoke an authorization at any time provided that it is in writing and we have not already relied on the authorization.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU.

You have the following rights regarding medical information collected and maintained about you:

- **Right to Inspect and Copy.** You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Privacy Officer for Anshul

Agarwal, MD/Anagha Agarwal, MD AlphaHealth Medical Associates. If you request a copy of the information, the aforementioned entities may charge a fee established by the Texas Medical Board for the costs of copying, mailing, or summarizing your records.

Anshul Agarwal, MD/Anagha Agarwal, MD AlphaHealth Medical Associates may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by Anshul Agarwal, MD/Anagha Agarwal AlphaHealth Medical Associates will review your request and denial. The person conducting the review will not be the person who denied your request. Anshul Agarwal, MD/Anagha Agarwal, MD AlphaHealth Medical Associates will comply with the outcome of the review.

- **Right to Amend.** If you feel that medical information maintained about you is incorrect or incomplete, you may ask Anshul Agarwal, MD/Anagha Agarwal, MD AlphaHealth Medical Associates to amend the information. You have the right to request an amendment for as long as the information is kept by Anshul Agarwal, MD/Anagha Agarwal, MD AlphaHealth Medical Associates.

To request an amendment, your request must be made in writing and submitted to Anshul Agarwal, MD/Anagha Agarwal, MD AlphaHealth Medical Associates. In addition, you must provide a reason that supports your request.

Anshul Agarwal, MD/Anagha Agarwal, MD AlphaHealth Medical Associates may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, the aforementioned entities may deny your request if you ask us to amend information that:

- Was not created by Anshul Agarwal, MD/Anagha Agarwal, MD AlphaHealth Medical Associates, unless the person or entity that created the information is no longer available to make the amendment;
 - Is not part of the medical information kept by Anshul Agarwal, MD/Anagha Agarwal, MD AlphaHealth Medical Associates
 - Is not part of the information which you would be permitted to inspect and copy; or
 - Is accurate and complete.
- **Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures.” This is a list of the disclosures made of your medical information for purposes other than treatment, payment, or health care operations.

To request this list you must submit your request in writing to (office manager) or Anshul Agarwal, MD/Anagha Agarwal, MD (physician). Your request must state a time period, which may not be longer than six (6) years. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. For additional lists within the 12-month period, you may be charged for the cost of providing the list. Anshul Agarwal, MD/ Anagha Agarwal, MD AlphaHealth Medical Associates will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information Anshul Agarwal, MD/ Anagha Agarwal, MD AlphaHealth Medical Associates uses or discloses about you for treatment, payment or health care operations. You

also have the right to request a limit on the medical information Anshul Agarwal, MD/ Anagha Agarwal, MD AlphaHealth Medical Associate discloses about you to someone who is involved in your care or the payment for your care.

Anshul Agarwal, MD/Anagha Agarwal, MD AlphaHealth Medical Associates is not required to agree to your request, unless the request pertains solely to a healthcare item or service for which the aforementioned entities, has been paid out of pocket in full. Should the aforementioned entities agree to your request, they will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions you must make your request in writing to Anshul Agarwal, MD/ Anagha Agarwal, MD AlphaHealth Medical Associates. In your request, you may indicate: (1) what information you want to limit; (2) whether you want to limit the aforementioned entities' use and/or disclosure; and (3) to whom you want the limits to apply.

- **Right to Request Confidential Communications.** You have the right to request that Anshul Agarwal, MD/Anagha Agarwal, MD AlphaHealth Medical Associates communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that the aforementioned entities contact you only at work or by mail.

To request that Anshul Agarwal, MD/Anagha Agarwal, MD AlphaHealth Medical Associates communicate in a certain manner, you must make your request in writing to the Privacy Officer. You do not have to state a reason for your request. The aforementioned entities will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

CHANGES TO THIS NOTICE.

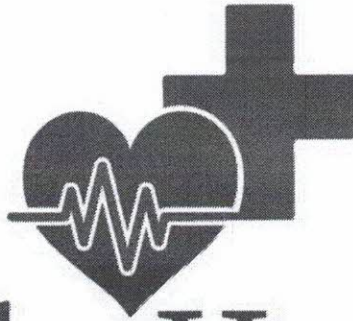
We reserve the right to change our practices and to make the new provisions effective for all PHI we maintain. Should our information practices change, we will post the amended Notice of Privacy Practices in our office and on our website. You may request that a copy be provided to you by contacting the Privacy Officer.

COMPLAINTS.

If you believe your privacy rights have been violated, you may file a complaint with Anshul Agarwal, MD/Anagha Agarwal, MD AlphaHealth Medical Associates or with the Office for Civil Rights, U.S. Department of Health and Human Services. To file a complaint with the aforementioned entities, contact the Privacy Officer at 214-550-2330. Your complaint must be filed within 180 days of when you knew or should have known that the act occurred. The address for the Office of Civil Rights is:

*Secretary of Health & Human Services
Region VI, Office for Civil Rights
U.S. Department of Health and Human Services
1301 Young Street, Suite 1169
Dallas, TX 75202*

All complaints should be submitted in writing. ***You will NOT be penalized for filing a complaint.***



AlphaHealth

PRIMARY CARE CLINIC

NOTICE FOR CONTROLLED SUBSTANCES PRESCRIPTIONS

April 1, 2022

Dear Patient,

Effective immediately, we will no longer be prescribing Hydrocodone, Codeine or any other Narcotic medication with addictive potential. Limited type and quantities of certain prescriptions will be written for anxiety and/or stress. Strict limitations will be placed on Xanax and/ or alprazolam, and Ambien. Unfortunately, these restrictions must be put in place due to fraudulent prescriptions and will be reported to the proper authorities and dismissed from our practice. A pain management referral is given to those individuals with chronic pain. If your insurance does not authorize or pay for your referral, please contact your insurance customer service department. If you feel your medical needs will be best met elsewhere, we understand. We will be happy to provide you with your records at a fee allowed by the state of Texas. Please understand this policy is non-negotiable.

Sincerely,

Dr. Anshul Agarwal, MD
Dr. Anagha Agarwal, MD

AlphaHealth Medical Associates Duncanville
1014 E Wheatland Rd. Ste# A
Duncanville, TX 75116
Phone: 214-550-2330
Fax: 214-550-2331

AlphaHealth Medical Associates Frisco
255 W Lebanon Ste#116
Frisco, TX 75036
Phone: 469-405-0500
Fax: 469-405-0501

Website: www.AHealthMD.com

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

Patient Name: _____

Date of Birth: _____

Social Security Number: _____

I acknowledge that Dr. Anshul Agarwal, MD/Dr. Anagha Agarwal, MD provided me with a written copy of his/her Notice of Privacy Practices.

I also acknowledge that I have been afforded the opportunity to read the Notice of Privacy Practices and ask questions.

Patient Signature

Date

Personal Representative Signature (if applicable)

Relationship to Patient



AlphaHealth

PRIMARY CARE CLINIC

214-550-2330

AHealthMD.com

Date: _____

New Patient Disclosure Form

**Do you wish and choose Dr. Anshul Agarwal, MD PhD to be your Primary Care Provider
(YES/NO)**

Reason wanting to change your current Provider? _____

Have you been solicited or pushed to make this decision (YES/NO)

Signature: _____

Full Name: _____

Address: _____

Phone: _____



Telemedicine Consent Form

Introduction

Telemedicine involves the use of electronic communication to enable healthcare providers at different locations. The information may be used for diagnosis, therapy, follow-up and/or education and may included any of the following

- Patient Medical Records
- Medical images
- Live two-way audio & video

Electronic systems used will incorporate network and software security protocols to protect the confidentiality of patient identification and imaging data will include measures to safeguard the data and to ensure its integrity against intentional or unintentional corruption.

Expected Benefits

- Improved access to medical care by enabling a patient to remain in his/her home
- Obtaining expertise of a distant doctor

I certify that this form has been fully explained to me. I have read it or have had it read to me. I understand and agree to its contents. I am consenting to participating in the telemedicine examination. I authorize AlphaHealth Medical Associates doctors, nurses, and other providers involved to preform procedures that may be necessary for my current medical condition.

Name Printed: _____

Signature: _____

Date: _____



AlphaHealth

PRIMARY CARE CLINIC

214-550-2330

AHealthMD.com

1014 E Wheatland Rd Duncanville, TX 75116 Ph: 214-550-2330 Fax:214-550-2331

Patient Name: _____ **DOB:** _____ **SSN:** _____

Name and complete mailing address of the person to receive your records is required to process this request.

Send copy of records to:

Send Copy of records From:

AlphaHealth Medical Associates

1014 E Wheatland Rd Duncanville, TX 75116

Fax# 214-550-2331

I understand that if the recipient authorized to receive the information is not a covered entity, e.g. Insurance Company or non-healthcare provider, the released information may no longer be protected by Federal & State regulations

The following information is requested and may be released:

All Records: _____

Lab Reports: _____

Progress Notes: _____

Radiology Reports: _____

ER Discharge Summary: _____

Medications: _____

Medical Summary: _____

EKG Report: _____

Reason for Request: PCP Change _____

Continuation of Care _____

I hereby give my express consent to release all medical records regarding my treatment , including psychological or psychiatric treatment, drug abuse, Human Immunodeficiency Virus (HIV) infection including Acquired Immunodeficiency Syndrome (AIDS) or test for HIV or sexually transmitted disease (STD) by circling one or all of the above.

Description of the Purpose /or Disclosure:

I understand that this authorization will expire by law 180 days from the date of this authorization unless I otherwise specify. I desire the authorization to be in effect until . I further understand that I may revoke this authorization at any time by notifying AlphaHealth Medical Associates, in writing. I understand that copies of records are subject to a \$25.00 minimum fee.

Signature of Patient/Representative

Date

Phone Number

