

Bergen Hypertension & Renal Associates

Patient's Name (Please print): _____
E-Mail Address (Please print): _____

I authorize Bergen Hypertension & Renal Associates to release any laboratory or test results & discuss my medical condition with: (please list names below)

Myself: _____
Spouse: _____
Parent: _____
Other: _____
Doctor: _____

May we leave a phone message regarding confidential health information such as lab work or test results? Yes No

Please indicate which phone numbers we can use to leave confidential health information.

Primary phone _____ / _____ / _____ (Home/Cell/Work)
Secondary phone _____ / _____ / _____ (Home/Cell/Work)
Tertiary phone _____ / _____ / _____ (Home/Cell/Work)
Email _____

Signature _____
Witness "____"
Date _____

Bergen Hypertension & Renal Associates

SUMMARY OF PRIVACY PRACTICES

This notice describes how much medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

We understand that your medical information is personal to you, and we are committed to protecting the information about you. As our patient, we create medical records about your health, our care for you, and the services and items we provide to you as our patient. By law, we are required to make sure that your protected health information is kept private.

How will we use or disclose your information? Here are a few examples.

- For medical treatment.
- To obtain payment for our services.
- To run our practice more efficiently & ensure all our patients receive quality care.
- To avert a serious threat to health or safety
- For appointment and patient recall reminders

If you believe your privacy rights have been violated, you may file a complaint with the Practice. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

You have certain rights regarding the information we maintain about you. These rights include:

- The right to inspect and copy
- The right to amend
- The right to an accounting of disclosures
- The right to request restrictions

For more information about these rights please do not hesitate to ask us.

I _____, have been given the opportunity to read and or receive Bergen Hypertension's notice of privacy practices.

Signature of patient

Date

Bergen Hypertension & Renal Associates * 44 Godwin Ave. Suite 301 Midland Park NJ 07432

Bergen Hypertension & Renal Associates * 20 Prospect Ave. Suite 709 Hackensack NJ 07601

**BERGEN HYPERTENSION & RENAL ASSOCIATES
NEW PATIENT INFORMATION FORM
(PLEASE PRINT CLEARLY)**

NAME: _____ DATE: _____
ADDRESS: _____ SEX: _____ SS# _____
CITY: _____ STATE: _____ ZIP: _____ DOB: _____
OCCUPATION: _____ EMPLOYER: _____
HOME PHONE: _____ WORKPHONE: _____
CELL PHONE: _____ EMAIL: _____
WHO IS RESPONSIBLE FOR THE BILL: _____
RELATIONSHIP: _____ DATE OF BIRTH: _____
MARITAL STATUS: M S W D SPOUSE: _____
PRIMARY PHARMACY NAME _____ PHONE: _____
NAME OF INSURANCE CARRIER: _____
INSURANCE CARRIER ID#: _____
SUBSCRIBER'S NAME: _____
SUBSCRIBER'S DOB: _____
SECONDARY INSURANCE (IF APPLICABLE): _____
SECONDARY ID #: _____
REFERRING DOCTOR: _____ PHONE: _____
REFERRING DOCTOR'S SPECIALTY: _____
FAMILY DOCTOR: _____ PHONE: _____

FAMILY HISTORY: (Please check all that apply)

Chronic Kidney Disease:	Mother	Father	Sister	Brother	Daughter	Son
Hypertension:	Mother	Father	Sister	Brother	Daughter	Son
Coronary Artery Disease:	Mother	Father	Sister	Brother	Daughter	Son
Cancer:	Mother	Father	Sister	Brother	Daughter	Son
Diabetes:	Mother	Father	Sister	Brother	Daughter	Son

MEDICAL HISTORY: _____

SURGICAL HISTORY: _____

SOCIAL HISTORY:

- Cigarette Smoking
- Never smoked
- Quit/former smoker
- Smokes less than a pack daily
- Smokes Daily

Alcohol Intake:

- None
- Less than 1 drink per day
- 1 to 2 Drinks per day
- 3 or more drinks per day

I HEREBY AUTHORIZE BERGEN HYPERTENSION & RENAL ASSOCIATES TO RELEASE TO MY INSURANCE CARRIER ANY MEDICAL INFORMATION NECESSARY FOR THE COMPLETION OF MY MEDICAL CLAIM. I UNDERSTAND THAT THIS MAY INCLUDE COPIES OF MY MEDICAL RECORDS OR LAB RESULTS.

SIGNATURE: _____

DATE: _____