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SPRINGHILL MEDICAL GROUP

**CARDIOLOGY
ENDOCRINOLOGY**

Henry Gong MD FACC
Patel MD

Krishna Moorthy M

FAMILY PRACTICE

Siamak Elyasi MD

INTERNAL MEDICINE

PULMONARY

Gerald Del Rio MD
Hsien-Wen Hsu MD

INTERNAL MEDICINE

Wengang Zhang MD

Irina Kolomey DO
Garima Gandhir DO

Pragnesh

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES and Consent to allow submission of Immunizations to California Registry

We are committed to protecting your privacy and ensuring that your health information is used and disclosed appropriately. The Notice of Privacy Practices identifies all the potential uses and disclosures of your health information by our practice and outlines your rights with regard to your health information. Please sign this form below to acknowledge that you have received our Notice of Privacy Practices.

I acknowledge that I have received a copy of the Notice of Privacy Practices.

I consent to allow Springhil Medical Group to send record of any immunization I am given to the California Registry via confidential/secure transmission.

Date: _____

Name: _____ **DOB:** _____

Printed
Signature: _____

Name of Personal Representative/Guardian: (if patient cannot sign or is a minor)

Name of representative: _____

_____ **Printed** **signature**

My doctor (s) in Springhill Medical Group, have my permission to discuss my health care information with the family members or other persons listed below:

Name: _____

Phone number: _____

2220 Gladstone Drive, Suite 3 Pittsburg, Ca 94565 (925) 432-3318
3720 Sunset Lane, Suite B Antioch, Ca 94509
2400 Balfour Rd. Suite 306 Brentwood , Ca 94513

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END OF LIFE PLANNING:

Have you appointed a “Durable Power of Attorney for Health Care “? _____

Have you completed an “Advanced Directive”? _____

Do you want more information about End of Life planning? _____ **Yes** _____ **No**

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