



THE WALDORF MEDICAL CLINIC

Zafar A. Ansari, MD PA

Board Certified In Internal Medicine

601 Post Office Road Suite 2C, Waldorf, MD 20602

Phone: (301) 396-4800 Fax: (301) 396-4802

WELCOME TO OUR OFFICE!

We are pleased you have chosen us for your primary care needs!

As a patient there are a few things you will need to know about us. We have two offices; our main office is in Waldorf, Maryland and our satellite office is in Alexandria, Virginia. Dr. Ansari is in the Waldorf Office every weekday except on Thursdays. The Waldorf office is open every day and phone lines are answered every weekday.

OFFICE HOURS:

Waldorf:

Monday thru Friday 8 am – 5pm (Doctor not present in Waldorf on Thursdays)

Saturdays 8 am – 12:30 pm (1st Saturday of the month, 2nd Saturday of the month if holiday)

Alexandria:

Thursday 9 am – 4:30 pm (Patients seen only until 12:30 pm)*

Clinton:

Wednesday 1 pm – 4:30 pm (Patients seen only until 12:30 pm)

*Offices closed daily from 12pm to 1pm for lunch

**Alexandria office (703) 778 -7600

APPOINTMENTS & CANCELLATIONS POLICY:

- We make every effort to honor all time commitments and requests, please extend the same courtesy to us. If you are unable to keep an appointment please inform us immediately. Failure to do so deprives other patients from receiving needed care in a timely fashion.
- In the event of an emergency please call and speak directly to the office manager.
- There is a \$20.00 No Show Fee charged on all cancelled office appointments made without a 24 hours notice. (Cancellation after 72 hours prior or failure to show up for a nuclear stress test will be a fee of \$100.00).

PRESCRIPTIONS:

- Please make every effort to refill your medications during office visits. We restrict the right to refill medications
- Prescriptions can only be refilled during normal business hours. There will not be any refills authorized after hours.
- Please make every attempt to get all your refills during your office visits. For urgent refills when you cannot visit the office the required time may be up to 72 hours to complete the request.
- For medication needing prior authorization through your insurance company, it will take approximately 4 - 6 business days.
- **Narcotics, and all other controlled substances, will not be renewed over the phone for any reason, by appointment only.**

SAME-DAY APPOINTMENTS:

- Office hours are by appointment only. We will accept walk-ins and same day sick visits as our schedule allows.

REFERRALS:

- **ALL** referrals require an office visit. **Maximum of two referrals per visit are allowed.**

INSURANCE & PAYMENT POLICY:

- If you are insured by one of the plans in which we are a provider, we will gladly follow the contractual agreements. You must have your insurance card and government issued identification at the time of your visit. Please be aware that your co-pay and/or deductible are due before services are rendered.

MEDICAL RECORDS:

- In order for us to release records to anyone other than your insurance company, there is a charge as well as a medical release form that must be completed. Please allow up to **14 business days** for a transfer of records (we will make every effort to complete your request in the shortest time possible.)

Thank you for your cooperation,
Zafar A. Ansari, MD & Staff

PATIENT SIGNATURE _____ DATE _____

PATIENT INFORMATION

Patient's Name(Last)_____ (First)_____ Middle_____

☐ Jr. ☐ Sr. ☐ Male ☐ Female Date of Birth____/____/____ SS#_____

Physical Address_____

City, State, Zip_____

Mailing Address_____

City, State, Zip_____

Phone Numbers: Home_____ Work_____ Cell_____

Alternate Contact Name_____ Phone_____

Email Address:_____

Marital Status ☐ Married ☐ Single ☐ Divorced ☐ Widowed ☐ Legally Separated ☐ Other

Employment ☐ Employed ☐ Unemployed ☐ Self Employed ☐ Retired ☐ Other

PRIMARY INSURANCE INFORMATION (provide your insurance card to the front desk at check in)

Name of Insured_____ Patient Relationship to Insured_____

Subscriber ID (Policy Number)_____ Group ID_____

Effective Date_____ Termination Date_____ ☐ Male ☐ Female

Insurance Employer_____ Employer Address_____

SECONDARY INSURANCE INFORMATION (provide your insurance card to the front desk at check in)

Name of Insured_____ Patient Relationship to Insured_____

Subscriber ID (Policy Number)_____ Group ID_____

Effective Date_____ Termination Date_____ ☐ Male ☐ Female

Insurance Employer_____ Employer Address_____

RESPONSIBLE PARTY INFORMATION

Responsible Party's Name(Last)_____ (First)_____ Middle_____

Mailing Address_____

City, State, Zip_____

Phone Numbers: Home_____ Work_____ Cell_____

I, certify that the above information about my insurance coverage is correct. I request that payment of authorized insurance benefits be made either to me or on my behalf to Zafar Ansari,MD. I authorize any holder of medical information about me to release that information to the Health care Financing Administration or my health insurance company. I realize that I am responsible for full payment. I understand, should my account be submitted for collection due to non-payment, I am responsible for all collection, attorney and court fees.

Responsible Party's Signature_____ Date:_____

Patient Registration, Page 2 – Medical History

Patient Name _____

Who referred you here? _____

Reason for today's visit: _____

Do you have any medical problems or complaints that you wish the doctor to know about or address today? ☐ Yes ☐ No

If yes, please give details: _____

Chronic Medical Problems – please check below☐ Diabetes ☐ High blood pressure ☐ High cholesterol ☐ Stroke or mini-strokes ☐ Heart disease ☐ Lung disease☐ Others (please specify): _____**Any previous surgeries** – please check or list below and give details:☐ Spleen ☐ Gallbladder ☐ Uterus ☐ Neck or Back ☐ Appendix☐ Others (list all): _____**Personal Habits** – please check below regarding current or previous use of the following, and give details below:☐ Smoking ☐ Alcohol ☐ Intravenous drug use ☐ Other illicit drug use ☐ Caffeine**Family History** – please check below regarding medical history in close relatives (parents and siblings):☐ Diabetes ☐ High blood pressure ☐ High cholesterol ☐ Stroke ☐ Heart attack ☐ Lung disease ☐ Kidney disease☐ Others (please specify): _____**ALLERGIES TO MEDICATIONS:** (check all that apply)☐ No known allergies to medications☐ Penicillin ☐ Sulfa drugs ☐ Aspirin ☐ Codeine ☐ Morphine ☐ Latex ☐ Radio-contrast dye

Other Medication Allergies: (list all) _____

LIVING WILL: Do you have a Living Will: ☐ Yes ☐ No**MEDICATIONS:** please list all medications below, including over the counter drugs currently taking, including OTC meds:

	Medication	Dosage	Number of Times/Day
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			



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INSURANCE

If your insurance is PRIVATE, we will need your insurance card along with a government issued identification card.

FOR ALL INSURANCES:

- YOU are responsible for knowing your insurance plan benefits and provisions.
- We will bill your insurance company as a courtesy, as we are a participating provider for many plans in the area.
- **ALL CO-PAYMENTS are due at the time of service**
- YOU are responsible for any **non-covered services, deductibles, coinsurance, and/or co-payments**, whether or not your insurance company pays in full.
- A portion or no portion of your medical bill is a matter between **YOU and YOUR INSURANCE Company**.
- If payment is not made to Dr. Zafar Ansari within a **Ninety-Day (90)** period from your insurance company, the responsibility of that invoice and balance will be turned over to **YOU**.

Initial: _____

FOR WORKER'S COMPENSATION:

- It is **YOUR** responsibility to provide us with the Worker's Compensation Number, Adjuster's Name, and Phone Number.
- In the event the company denies payment, **YOU** are responsible for all the charges and payments.

Initial: _____

FOR MOTOR VEHICLE ACCIDENT (MVA):

- If you are involved in an MVA, we will work with your lawyer and the insurance company. However, if payments are denied, **YOU** will be responsible for **ALL THE PAYMENTS**.

Initial: _____

By signing below, I have read and understood the above. I am bound by my signature to uphold such responsibilities discussed above.

SIGNATURE: _____ DATE: _____

PRINT NAME: _____



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Notice and Receipt of Privacy Practices:

Statement on Protecting Patient's Private Health Information and Limits to Use of This Health Information

This notice describes the policies this office has regarding use and release of your private medical information or Protected Health Information (PHI). Please read this notice carefully and ask the office staff or Dr. Zafar Ansari any questions you may have. Your records are private and confidential, and our policy is to maintain this confidentiality as best as possible. We will not release your PHI without your expressed written consent, except in circumstances detailed below. You may obtain a copy of your records within 30 days for a fee for copying and mailing as allowed by Maryland State Law.

Our Office's Responsibilities

By law we are responsible for maintaining the confidentiality of your medical records. We are also required to notify you of this, which we are doing with this notice. Patients generally should be able to see and obtain copies of their medical records and request corrections if they identify errors and mistakes.

We may use your medical information or PHI to provide you with medical therapy or for routine health care operations within our office. We may release your PHI to doctors, hospitals, clinics, and nurses or other health care personnel or facilities in order to provide you with appropriate therapy. We may also disclose your PHI for payment purposes to specific health plan, insurance, or other entities involved in obtaining payment for our services. Other non-routine disclosures are detailed below in the *Public Responsibilities* section of the HHS-OCR Statement. Any release of PHI to anyone other than the entities mentioned above or as required or allowed by law, will be done so solely with the expressed, written consent from you, the patient. Authorization forms for release of PHI are available at the front desk.

Patient's Rights

Patients may request to access or copy their records. By law we must do so within 30 days and may charge patients for the cost of copying and/or mailing the records. We may charge less for copying in accordance to state and federal laws.

Office staff has been instructed on maintaining and preserving the confidentiality of your records. Any complaints should be brought directly to Dr. Zafar Ansari's attention, or to your health plan or to HHS' Office for Civil Rights (OCR), which is charged with investigating complaints and enforcing the privacy regulation. Patients can find out more information about filing a complaint by calling (866) 627-7748.

Statement Copied and Modified Slightly from United States Department of Health & Human Services (HHS), Office of Civil Rights Website

HIPAA Regulations - PROTECTING THE PRIVACY OF PATIENTS' HEALTH INFORMATION

Overview: The first-ever federal privacy standards to protect patients' medical records and other health information provided to health plans, doctors, hospitals and other health care providers is currently in effect. Developed by the Department of Health and Human Services (HHS), these new standards provide patients with access to their medical records and more control over how their personal health information is used and disclosed. They represent a uniform, federal floor of privacy protections for consumers across the country. State laws providing additional protections to consumers are not affected by this new rule.

Congress called on HHS to issue patient privacy protections as part of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). HIPAA included provisions designed to encourage electronic transactions and also required new safeguards to protect the security and confidentiality of health information. The final regulation covers health plans, health care clearinghouses, and those health care providers who conduct certain financial and administrative transactions (e.g., enrollment, billing and eligibility verification) electronically. Most health insurers, pharmacies, doctors and other health care providers were required to comply with these federal standards beginning April 14, 2003. As provided by Congress, certain small health plans have an additional year to comply. HHS has conducted extensive outreach and provided guidance and technical assistance to these providers and businesses to make it as easy as possible for them to implement the new privacy protections. These efforts include answers to hundreds of common questions about the rule, as well as explanations and descriptions about key elements of the rule. These materials are available at <http://www.hhs.gov/ocr/hipaa>.

Patient Protections:

The new privacy regulations ensure a national floor of privacy protections for patients by limiting the ways that health plans, pharmacies, hospitals and other covered entities can use patients' personal medical information. The regulations protect medical records and other individually identifiable health information, whether it is on paper, in computers or communicated orally. Key provisions of these new standards include:

Access To Medical Records: Patients generally should be able to see and obtain copies of their medical records and request corrections if they identify errors and mistakes. Health plans, doctors, hospitals, clinics, nursing homes and other covered entities generally should provide access these records within 30 days and may charge patients for the cost of copying and sending the records.

Notice of Privacy Practices: Covered health plans, doctors and other health care providers must provide a notice to their patients how they may use personal medical information and their rights under the new privacy regulation. Doctors, hospitals and other direct-care providers generally will provide the notice on the patient's first visit following the April 14, 2003, compliance date and upon request. Patients generally will be asked to sign, initial or otherwise acknowledge that they received this notice. Health plans generally must mail the notice to their enrollees by April 14 and again if the notice changes significantly. Patients also may ask covered entities to restrict the use or disclosure of their information beyond the practices included in the notice, but the covered entities would not have to agree to the changes.

Limits on Use of Personal Medical Information: The privacy rule sets limits on how health plans and covered providers may use individually identifiable health information. To promote the best quality care for patients, the rule does not restrict the ability of doctors, nurses and other providers to share information needed to treat their patients. In other situations, though, personal health information generally may not be used for purposes not related to health care, and covered entities may use or share only the minimum amount of protected information needed for a particular purpose. In addition, patients would have to sign a specific authorization before a covered entity could release their medical information to a life insurer, a bank, a marketing firm or another outside business for purposes not related to their health care.

Prohibition on Marketing: The final privacy rule sets new restrictions and limits on the use of patient information for marketing purposes. Pharmacies, health plans and other covered entities must first obtain an individual's specific authorization before disclosing their patient information for marketing. At the same time, the rule permits doctors and other covered entities to communicate freely with patients about treatment options and other health-related information, including disease-management programs.

Stronger State Laws: The new federal privacy standards do not affect state laws that provide additional privacy protections for patients. The confidentiality protections are cumulative; the privacy rule will set a national "floor" of privacy standards that protect all Americans, and any state law providing additional protections would continue to apply. When a state law requires a certain disclosure -- such as reporting an infectious disease outbreak to the public health authorities -- the federal privacy regulations would not preempt the state law.

Confidential Communications: Under the privacy rule, patients can request that their doctors, health plans and other covered entities take reasonable steps to ensure that their communications with the patient are confidential. For example, a patient could ask a doctor to call his or her office rather than home, and the doctor's office should comply with that request if it can be reasonably accommodated.

Complaints: Consumers may file a formal complaint regarding the privacy practices of a covered health plan or provider. Such complaints can be made directly to Dr. Zafar A. Ansari, or to the health plan or to HHS' Office for Civil Rights (OCR), which is charged with investigating complaints and enforcing the privacy regulation. Information about filing complaints should be included in each covered entity's notice of privacy practices. Consumers can find out more information about filing a complaint by calling (866) 627-7748.

HEALTH PLANS AND PROVIDERS

The privacy rule requires health plans, pharmacies, doctors and other covered entities to establish policies and procedures to protect the confidentiality of protected health information about their patients. These requirements are flexible and scalable to allow different covered entities to implement them as appropriate for their businesses or practices. Covered entities must provide all the protections for patients cited above, such as providing a notice of their privacy practices and limiting the use and disclosure of information as required under the rule. In addition, covered entities must take some additional steps to protect patient privacy:

Written Privacy Procedures: The rule requires covered entities to have written privacy procedures, including a description of staff that has access to protected information, how it will be used and when it may be disclosed. Covered entities generally must take steps to ensure that any business associates who have access to protected information agree to the same limitations on the use and disclosure of that information.

Employee Training and Privacy Officer: Covered entities must train their employees in their privacy procedures and must designate an individual to be responsible for ensuring the procedures are followed. If covered entities learn an employee failed to follow these procedures, they must take appropriate disciplinary action.

Public Responsibilities: In limited circumstances, the final rule permits -- but does not require -- covered entities to continue certain existing disclosures of health information for specific public responsibilities. These permitted disclosures include: emergency circumstances; identification of the body of a deceased person, or the cause of death; public health needs; research that involves limited data or has been independently approved by an Institutional Review Board or privacy board; oversight of the health care system; judicial and administrative proceedings; limited law enforcement activities; and activities related to national defense and security. The privacy rule generally establishes new safeguards and limits on these disclosures. Where no other law requires disclosures in these situations, covered entities may continue to use their professional judgment to decide whether to make such disclosures based on their own policies and ethical principles.

Equivalent Requirements for Government: The provisions of the final rule generally apply equally to private sector and public sector covered entities. For example, private hospitals and government-run hospitals covered by the rule have to comply with the full range of requirements.

By signing below, I have received a copy of the WMC Notice of Privacy Practices from this office which describes the policies of the WMC regarding the use, disclosure and accessibility of my private health information or Protected Health Information (PHI). I have read reviewed and understand these policies and am satisfied that this office will do its best to maintain the privacy and confidentiality of my medical information. I am aware that I may access my records or obtain a copy of the record for a fee as allowed by state and federal law.

Signature: _____ Date: _____

Print Name: _____

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Waldorf Medical Clinic (WMC) would like you to set up an account for our patient portal.

What is the patient portal? It is a way for you to access your information and communicate with the office. You can do the following after you have set up access:

- See tests results in real time
- View and download parts of your chart
- Communicate quickly with the office and doctor
- Request appointments
- Get secure links to your chart
- Get assistance in managing your care
- Fill out medical questionnaires prior to visit

Our Physician would like all patients to have this capability. All communications are encrypted and are HIPAA compliant.

Please Provide us your email address for patient portal

Email Address:

Visit our webpage at

Waldorfmed.mymedaccess.com

Please wait 24 hours for the staff to set up access for you. You will receive an email from our office with the log in information.

Thank you