



New Patient Consent Forms

Phone: 888-637-9669 | Fax: 888-637-9661 | www.sevamedical.org | enrollments@sevamedical.org

Seva Medical, PLLC

Notice of Privacy Practices

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

Introduction:

This Notice will inform you about the ways Seva Medical, PLLC dba Seva Medical may use and disclose your healthcare information. It describes your rights and certain obligations Seva Medical has regarding the use and disclosure of your healthcare information.

Our Commitment to Your Privacy:

At Seva Medical, PLLC dba Seva Medical, we are committed to maintaining the privacy and security of your personal health information. We are required by law to protect the privacy of your health information and to provide you with this Notice of Privacy Practices.

Uses and Disclosures of Protected Health Information (PHI):

Seva Medical may use and disclose your PHI for treatment, payment, and healthcare operations without your written authorization. Additionally, Seva Medical may use and disclose your PHI for other purposes allowed or required by law, such as public health activities, law enforcement, and court orders.

Disclosures Seva Medical May Make Without Your Authorization:

Seva Medical may use and disclose your healthcare information for providing health care services to you and for billing and collecting payments. Additionally, Seva Medical may use your healthcare information for internal quality assurance purposes. Seva Medical may disclose healthcare information when required or permitted by law, such as in cases of abuse, neglect, or domestic violence, or to avert a serious threat to health or safety.

Disclosures for Which You May Object:

You have the right to direct Seva Medical to share healthcare information with family, close friends, caregivers, or others involved in your care. If you are unable to communicate your preferences to Seva Medical, such as in the case of unconsciousness, Seva Medical may disclose your information to these individuals if deemed to be in your best interest.

Uses and Disclosures Requiring Your Authorization:

Seva Medical will not share your healthcare information for marketing purposes, sale, or psychotherapy notes without your written authorization.



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Other Uses and Disclosures:

Uses and disclosures other than those described in this Notice will only be made with your written authorization.

Your Rights Regarding Your PHI:

Right to Inspect and Copy: You have the right to request access to your healthcare information to review and obtain copies. All requests must be made in writing. Seva Medical may deny access under limited circumstances and may charge a reasonable, cost-based fee.

Right to Alternative Communications: You may request to receive healthcare information through alternative means or at alternative locations, and Seva Medical will accommodate reasonable written requests.

Right to Request Restrictions: You can request restrictions on the use or disclosure of your healthcare information for treatment, payment, or healthcare operations. Requests must be made in writing to Dalveer Josan at the provided address. Seva Medical is not obligated to agree to restrictions except in specific circumstances outlined in the notice.

Right to Accounting of Disclosures: Upon written request, you may receive an accounting of disclosures made by Seva Medical in the last six years, subject to restrictions and limitations.

Right to Request Amendment: You have the right to request amendments to your PHI by providing a written explanation. Seva Medical may deny requests under certain circumstances.

Right to Obtain Notice: You may request a paper copy of this Notice at any time by submitting a request to Seva Medical at the provided address.

Right to Receive Notification of a Breach: Seva Medical is required to notify you of any breach of your unsecured PHI according to federal law requirements.

Questions and Complaints:

If you have questions or concerns about your privacy rights, please contact Seva Medical at (888) 637-9669. You may also file a complaint with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services. Seva Medical will not retaliate against you for filing a complaint.

Effective Date and Changes to this Notice:

This Notice is effective as of April 1, 2023. Seva Medical may change the terms of this Notice at any time, and any revisions will be posted on its website or provided upon request.



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Patient Services Agreement

We appreciate your choice of Seva Medical, PLLC, operating under the name Seva Medical, as your healthcare provider. This document, known as the Patient Services Agreement ("Agreement"), is established between you, the undersigned patient, and Seva Medical. It delineates the professional services ("Services") offered by Seva Medical's licensed providers and clarifies the rights and responsibilities of the patient.

Services:

The services rendered by Seva Medical encompass primary care services delivered to you within specific healthcare facilities situated in your vicinity. These services are administered through in-person appointments or by means of telecommunication technology ("Telehealth").

Cancellation Policy:

You are entitled to cancel your visit at any time by contacting Seva Medical at (888) 637 9669.

Accuracy of Information:

You are obligated to provide Seva Medical with accurate and thorough information concerning your medical history, condition(s), symptoms, physical well-being, and insurance details. Any inaccuracies or omissions in the information provided may impact the services rendered. By providing incomplete or inaccurate information, you assume all associated risks and absolve Seva Medical and its providers from any liability for personal injury, death, or damages resulting from the inaccurate or incomplete information provided.

Confidentiality of Health Information:

Seva Medical and its providers will utilize and disclose your health information in compliance with the Notice of Privacy Practices, accessible to you in both paper and electronic formats.

Communication:

Outside of agreed-upon visits, Seva Medical can be accessed by fax, phone or email. Emails may only be used to clarify issues discussed in prior visits. They may not be used to address new concerns. By your signature to this Agreement, you understand and agree that: (1) there is some level of risk that the information in unencrypted electronic communications, including email and text messaging, could be read by a third party, and (2) you consent to Seva Medical's use of unencrypted electronic communications, including email and text messaging, to communicate with you.



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Patient Financial Agreement

We appreciate your choice of Seva Medical, PLLC, operating under the name Seva Medical, as your healthcare provider. This document, known as the Financial Services Agreement ("Agreement"), is established between you, the undersigned patient, and Seva Medical. It delineates the professional services ("Services") offered by Seva Medical's licensed providers and clarifies your rights and responsibilities.

Medical Insurance Billing:

For your convenience, Seva Medical will handle billing your medical insurance company for the professional services provided by our team. It's important that you provide us with accurate and current information about your medical insurance coverage. If there are any changes to your coverage, please inform us immediately. By signing below, you authorize the payment of authorized medical insurance benefits to Seva Medical for the services provided to you by our team.

Medicare:

Seva Medical is a participating Medicare provider. If you are a Medicare beneficiary, provide your Medicare enrollment details to Seva Medical before or during your initial visit. By signing below, you authorize payment of authorized Medicare benefits to Seva Medical for services provided by us and our providers. You also grant permission for any party holding medical information about you to release necessary information to the Centers for Medicare and Medicaid Services and its agents for benefit determination. Seva Medical acknowledges the Medicare carrier's charge determination as the full charge, and you are accountable solely for deductibles, co-insurance, copayments, and amounts for services not covered.

Medigap:

If you have a Medicare Part B supplemental plan (e.g., Medigap), please provide your enrollment information to Seva Medical before or during your initial visit. By signing below, you authorize Seva Medical to disclose any necessary information to determine these benefits. You also request that authorized Medicare supplemental benefits be paid to Seva Medical, if feasible, or otherwise to you.

Your Responsibility:

You are responsible for all deductibles, co-insurance, co-payments, and charges for services not covered by your medical insurance at the time the services are provided. Following billing to your medical insurance, you will receive monthly statements indicating any outstanding balances. If you lack insurance coverage or your insurer does not cover Seva Medical's services, your account will be considered self-pay. In this case, you agree to settle the full balance of services rendered at the time of service. Pursuant to applicable law, we reserve the right to transfer your account to a collections agency if it becomes past due.

Payment Methods:

Seva Medical accepts check and credit cards (Visa, MasterCard, Discover, and American Express). Accounts can be set up on payment plans, if necessary, at no additional cost.



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Informed Consent for Telemedicine Services

Seva Medical, PLLC, operating as Seva Medical, is committed to meeting your healthcare needs, even when in-person visits with Seva Medical's providers impractical or inconvenient. This form outlines the telemedicine services available to you, the undersigned patient. Please review it carefully.

Services:

"Telemedicine" refers to healthcare services provided via two-way interactive video and audio communications. During Telemedicine sessions, you should be able to see and hear your Seva Medical provider, and vice versa. These sessions may involve evaluation, diagnosis, care management, follow-up, and education, among other purposes, as deemed appropriate based on your individual condition(s) and health needs.

Important Considerations:

1. Prior to your telemedicine session, you will receive a link and/or phone number that you can use to join the session at the scheduled time. Seva Medical will send you this information by fax, email or text message using the contact information that you provide.
2. Your Seva Medical provider will always conduct telemedicine services from a secure and private location. It is your responsibility to ensure privacy during the session by choosing a suitable location where your conversations cannot be overheard.
3. You must connect to the session using either a cellular data plan or a secure Wi-Fi network. It is recommended to use a Wi-Fi network with a password that is not publicly available to protect the privacy and security of your health information.
4. By engaging in telemedicine services, you release Seva Medical and your Seva Medical provider from any claims, damages, losses, or expenses resulting from your failure to maintain privacy and security during the session, including the use of unsecured Wi-Fi connections.
5. Standard data and message rates will apply for telemedicine services, and Seva Medical will not reimburse you for any associated costs.
6. Seva Medical cannot guarantee the availability of telehealth sessions due to potential technical issues or network failures.

Anticipated Results and Benefits of Telemedicine:

Telemedicine services aim to assist you effectively and efficiently with the care, management, and treatment of your health condition(s) while minimizing exposure to contagious conditions and travel-related risks.

Potential Risks:

Potential risks with telemedicine include technology failures jeopardizing privacy/security and delays in evaluation/care. Depending on your health condition(s), your provider may deem telehealth unsuitable, requiring an in-person visit.



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Alternatives:

If telemedicine is not suitable, you may schedule an in-person visit with your Seva Medical provider. However, immediate availability for in-person visits may not always be possible, leading to delays in your care. Another alternative is to forego any care or treatment, though this decision may worsen your health condition(s).

Text and Phone Call Consent:

By signing below, you consent to Seva Medical's transmission of scheduling information related to telemedicine sessions via telephone calls and unencrypted text messages to the provided number, as well as via unencrypted email messages to the provided email address. You acknowledge the risks associated with unencrypted communications and expressly consent to receive electronic communications containing your personal information from Seva Medical as described in this Consent.