Prince Shah, MD

LAST_____ FIRST_____ MIDDLE_____

DATE OF BIRTH_____ GENDER M/F SSN_____

MARITAL STATUS_____ EMAIL_____

ADDRESS_____

ZIP_____ CITY_____ STATE_____

PRIMARY OF REFERRING DR._____

EMPLOYER_____

PHONE (WORK)_____ ☐ Check box if we can leave message

PHONE (HOME)_____ ☐ Check box if we can leave message

PHONE (CELL) _____ ☐ Check box if we can leave message

PHARMACY_____

LANGUAGE_____ RACE_____ ETHNICITY_____

INSURANCE_____

GROUP#_____ ID#_____

EMERGENCY CONTACT_____ RELATIONSHIP_____

PHONE (HOME)_____ CELL_____

Prince Shah, M.D & Kevin D. Stuart, M.D are separate solo practices that share a medical record system and provide coverage for each other's patients. If you obtain continued medical care at this facility, it is taken as implied consent to the above arrangement.

AUTHORIZATION TO PAY BENEFITS TO PHYSICIAN: I hereby authorize payment directly to Prince Shah, M.D, for all medical and or surgical benefits, if any, otherwise payable to me for services rendered. I understand that I am responsible for all charges whether or not paid by insurance.
AUTHORIZATION TO RELEASE INFORMATION: I hereby authorize, Prince Shah, M.D, to release any information acquired in the course of my examination and treatment necessary to secure the payment of the insurance benefits. I also, AUTHORIZE RELEASE OF ANY MEDICAL INFORMATION, to referred Physician's office as necessary, for my care and treatment.

- ☐ Check box to confirm you have read the HIPPA compliance
- ☐ Check box to confirm you have read the Financial Interest for GEC
- ☐ Check box to confirm you have read the Pharmacy consent form

SIGNATURE: _____ DATE:_____

Medical History Questionnaire

General State of Health? (Please circle one)

	Excellent	Good	Fair	Poor
Do you smoke tobacco	Current	Past	Never Smoked	
Do you drink alcohol	Rare	Social	Regular	

Are you Allergic to Any Medications: No Yes (Please List)

Do you have any other Allergies? No Yes (Please List)

Have you had Surgery in the past? No Yes (Please List)

Prescriptions

Over the counter (Aspirin, Motrin,Etc.)

DOES ANYONE IN YOUR FAMILY HAVE:

Colon Cancer	NO	YES	Relationship:_____
Colon Polyps	NO	YES	Relationship:_____
Colitis	NO	YES	Relationship_____ Type_____

Prior	EGD	NO	YES	List Date_____
Prior	Colonoscopy	NO	YES	List Date_____

Patient Signature Date

Kevin D Stuart, M.D
9460 No Name Uno, #130

Prince Shah, M.D
Gilroy, CA 95020

Consent to use Patient Portal

Name_____

Address_____

Email Address_____

Purpose of this Form

Kevin D. Stuart, M.D & Prince Shah, M.D offers secure viewing and communications as a service to patients who wish to view parts of their records and communications with our staff. Secure messaging can be a valuable communications tools, but has certain risks. In order to manage these risks we need to impose some conditions of participation, and that you accept the risks and agree to the conditions of participation.

How the Secure Patient Portal Works

A secure web portal is a kind of webpage that uses encryption to keep unauthorized persons from reading communications, information or attachments. Secure messages and information can only be read by someone who knows the right password or pass-phrase to log in to the portal site. The portal may allow you to compose, pick up, and reply to secure messages or view information sent to you through a Web site hosted by our electronic records company.

How to Participate in our Patient Portal

Once this form is agreed to and signed, we will send you an email notification that tells you how to register for the first time. The notification will give you the URL (internet address) of the Web site where you can log in. By clicking on the URL you will activate your Internet browser, which will open the Web site. You will then be able to login using the user name and password provided. Next you will be able to look in your "message box" and see any new or old messages or view other parts of your electronic record. Because the connection channel between your computer and the Web site uses "secure sockets layer" technology, you can read or view information on your computer, but it is still encrypted in transmission between Web site and your computer.

You can view more clinic-specific information, including our privacy policy, or access to the portal through www. Gotomyclinic.com/gilroygastro. It is our intent to offer this as a free service, but we reserve the right to change this policy if needed in the future. We will provide adequate notice should this happen in the future.

Protecting your Private Health Information and Risks

This method of communication and viewing utilizes the best commercial means available to attempt to prevent unauthorized parties from being able to access or read messages while they are in transmission. Nevertheless, users should be aware that electronic transmissions by their nature carry a risk of interception. Keeping message secure depends on two additional factors: the secure message must reach the correct email address, and only the correct individual (or someone authorized by that individual) must be able to get access to it. Only you can make sure these two factors are present. We need you to make sure we have your correct email address, and that we are informed if it changes. You also need to keep track of who has access to your email account; so that only you, or someone you authorize, can see the messages you receive from us. If you pick up secure messages from a Web site, you need to keep unauthorized individuals from learning your password. If you think someone has learned your password, you should promptly go to the Web site and change it.

Conditions of Participating in the Patient Portal

Access to this secure web portal is an optional service, and we may suspend or terminate it at any time and for any reason. If we do suspend or terminate this service we will notify you as promptly as we reasonably can. You agree not to hold Kevin D Stuart, M.D & Prince Shah, M.D liable for network infractions beyond our control.

Before you were given this form, we provided you with our policies and procedure using this web portal. We need you to understand comply with these, and by signing this form below you will acknowledge that they were explained to you and that you agree to comply with them. If you do not understand, or do not agree to comply with our policies and procedures, do not sign the form. If you have any questions we will gladly provide more information.

Patient Responsibilities

In return for access to the patient portal, you agree not to (1) transmit any electronic information that violates the rights or privacy of any party, (2) use the web portal in any way that violates local, state or federal law, (3) transmit material that is obscene, defamatory, abusive, slanderous, hateful or otherwise likely to result in harm to others, or (4) intentionally distribute viruses or other harmful computer code.

Kevin D. Stuart, M.D & Prince Shah, M.D are separate solo practices that share a medical record system and provide coverage for each other's patients.

Patient Acknowledgement

Signature_____

Date_____

Patient Contact List

Kevin Stuart, MD **Prince Shah MD**
9460 No Name Uno, #130 Gilroy CA 95202

Print Patient Name: _____

Authorization to speak with spouse, relative, or person of your choice. Allows persons listed to speak with staff/physician regarding your health information. Please list contacts below if interested.

Check here if you **DECLINE** patient contact list (sign and date below): ____

Contact Name: _____ **Relationship:** _____
Phone Number: _____

Contact Name: _____ **Relationship:** _____
Phone Number: _____

Contact Name: _____ **Relationship:** _____
Phone Number: _____

Contact Name: _____ **Relationship:** _____
Phone Number: _____

Signature: _____ **Date:** _____