

Austin Urological Associates, PA.

PATIENT CONFIDENTIALITY

(Please Print)

If the office needs to reach you:

May my office staff or I leave a message for you with someone at your home phone number or on the answering machine? Yes No

May my office staff or I leave a message for you to contact me with someone at your work phone number? Yes No

May my office staff or I discuss your medical condition with a family member and/or friend? Yes No

If yes, please provide name and phone number: _____

May my office staff or I discuss your financial account with a family member and/or friend? Yes No

If yes, please provide name and phone number: _____

Do you have an Advanced Directive and/or a Do Not Resuscitate order to keep on file? Yes No

I have read a copy of the Notice of Health Information Practices _____ Initials

I authorize communication of relevant medical information between this office and my referring physician. _____ Initials

ABOUT OUR PRACTICE

We strive to offer the best care possible to our patients. All patients in our office are cared for collaboratively by Dr. Chhikara, Terri Farley, PA and Ashley Dufour, PA.

As a surgeon, Dr. Chhikara may be called away from clinic or run late due to an emergency. Please be patient should we be running late or need to reschedule your appointment.

In order to diagnose and treat various medical conditions, we may order lab work or imaging studies. Our office provides diagnostic imaging services including ultrasound and CT scan; however, sometimes we may need you to have a test done at an outside facility.

Patient (or Guardian) Signature

Date