

ADULT & PEDIATRIC ALLERGIST OF CENTRAL JERSEY P.A.

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Communication Consent

HIPAA is an acronym for the Health Insurance Portability & Accountability Act of 1996, a federal law. The Administrative Simplification section of this act is of concern to our practice and requires us to comply with specific rules regarding:

- Unique identifiers for health plans, providers, individuals and employers.
- Healthcare transactions & code sets for transmitting electronic data.
- Privacy Regulations over disclosure and use of health information.
- Security Regulations over protections of electronic health information.

All of these rules have been developed by the Department of Health & Human Services and will become final in a staged matter.

It will be the policy of Adult & Pediatric Allergist not to release confidential and/or unauthorized information by home telephone, answering machine, work telephone, voice mail, e-mail, cellular phone, pager and/or fax. Whenever returning telephone calls and an answering phone picks up, we will not leave a message if the name or telephone number is not on the recording to identify the residence. Information will not be left with an unauthorized person who may answer your telephone.

If you would like to have your medical information released to someone other than yourself, please complete the following:

I authorize Adult & Pediatric Allergist to leave medical information pertaining to my care by the following methods and will assume responsibility to notify them whenever this information changes.

Home Telephone	Yes	No
Answering Machine	Yes	No
Work Telephone	Yes	No
Voice Mail	Yes	No
Cellular Phone	Yes	No
Pager	Yes	No

Please list authorizations:

Spouse/Fiancé: _____	Yes	No
Parent: _____	Yes	No
Brother/Sister: _____	Yes	No
Son/Daughter: _____	Yes	No
Friend: _____	Yes	No

Patient Name: _____

Patient/Guardian Signature

Date