

Babak Zamiri , MD  
Nazee Farsi, MD  
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To comply with the new Federal regulations (HIPPA), the Clinic Arthritis Doctor has established procedures to make your identity and medical records most secure. Our only use of your personal information is for billing purposes and proper medical treatment. We must have a record, a signed acknowledgment that you have read your rights and responsibilities as patients and that you understand them. Please contact our office if you have any questions.

**Patient Rights :**

- To receive treatment in a reasonable period of time
- To receive medically necessary services
- To be treated with respect and courtesy
- To receive all available information about your treatment, including benefits, risks, and alternatives
- To have your medical and personal records treated with confidentiality
- To participate in medical decisions
- To receive impartial access to treatment
- To formulate an advance directive if you have a life-threatening illness or injury.

**Patient Responsibilities :**

- **Keeping appointments or contacting this office in advance to cancel an appointment**  
**Following the health plan you and your physician agree on**
- Having appropriate identification, insurance membership cards, coverage stickers, etc., at the time of appointment
- Fulfilling financial burden obligations at the time of service as deductibles or co-pay fees
- Providing complete and accurate information
- Being considerate of others
- Providing legal documentation of guardianship of a minor being treated
- Providing a list of persons who may receive medical information about you, on your behalf, in an emergency

I have read and understood

_____	_____	_____
Print your name	Signature	Date
_____	_____	_____
Guarantor, other than the patient	Relationship to patient	Date

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**RECEIPT NOTICE OF PRIVACY PRACTICES  
WRITTEN ACKNOWLEDGMENT FORM**

I, \_\_\_\_\_, have read and understand the Arthritis Medical Clinic's Notice of Privacy Practices.

Notice to the Consumers: Medical doctors are licensed and regulated by the Medical Board of California, (800) 633-2322, [www.mbc.ca.gov](http://www.mbc.ca.gov).

\_\_\_\_\_  
(Patient signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of the witness)