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HARSHA VITTAL, M.D.
A PROFESSIONAL CORPORATION
DIPLOMATE, AMERICAN BOARD
INTERNAL MEDICINE AND GASTROENTEROLOGY
ADVANCED THERAPEUTIC ENDOSCOPY

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SAN JOSE, CA 95124
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Basic Policy

Thank you for coming to our office for a gastrointestinal evaluation. I am a Board Certified Physician specializing in the treatment of Gastrointestinal and Liver Disease. Our history and physical examination, by and large, will be confined to the Digestive system. After the examination and review of any tests that have already been done, I will advise you of further testing that might have to be performed. You will be given enough opportunity to ask me questions regarding the tests and the treatment plan. If you so desire, you can obtain a second opinion.

Once the tests are ordered by me, it is your responsibility to follow through with them, such as scheduling Barium studies and scans in the X-ray Department or having blood tests done in the lab. My office staff will do the endoscopy scheduling for you. Literature regarding various intestinal and liver diseases is generally available in our office.

Please make sure you call our office within 5—7 days after the tests are done to be informed of the results. At that time, you will have an opportunity to discuss further, regarding your condition, as well as bring any complaints to our attention; the latter will receive our proper attention and you will hear a response.

Most of our patients belong to a HMO with which your physician has a contract for total payment (except the co-payment by the patient). Under these circumstances, you will not receive a bill. If on the other hand, you are responsible for certain payments, a statement will be sent to you at the end of the month.

If you come across any problems regarding our services, you can contact the office manager, Mrs. Filomena Simpson or me.

The medical records are securely kept in our office. Your medical records will only be released to another physician or an insurance company or anyone you designate, only after obtaining your duly signed release form.

It is our policy to see no one less than 6 years of age. If the patient is under the age of 18 years of age or mentally impaired, we require a parent, guardian or conservator to be with the patient and to sign consent.

My office staff and we are dedicated to providing courteous and quality specialized care to our patients. Your suggestions are always welcome.

Thank you for your cooperation.

Sudin Vittal, M.D.

Harsha Vittal, M.D.

I have read and understand the above policy of your office.

SIGNATURE OF PATIENT: _____ DATE: _____

SIGNATURE OF PARENT/GUARDIAN/CONSERVATOR: _____

cc: patient chart

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