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## CONSENT, ASSIGNMENT, AND RELEASE FORM

### CONSENT FOR MEDICAL TREATMENT

I voluntarily present to Physicians Urgent Care and consent to treatment of the physician on duty and whomever they may designate as their assistant, associate, treating physician and patient care staff to provide my care. Such care may include, but is not limited to, diagnostic procedures, radiological evaluations and procedures, and the administration of medications considered advisable in my diagnosis, treatment, and course of care. I acknowledge that no guarantee can be made or has been made as to the results of treatments or examinations and I understand that all medical treatments contain inherent risks.

### ASSIGNMENT OF INSURANCE BENEFITS AND PAYMENT GUARANTEE

In consideration of services provided, I hereby assign and transfer to Physicians Urgent Care any and all rights, which I have against insurance companies or third party payers, for payment of charges for services provided by Physicians Urgent Care to me or to one of my dependents. I authorize said payments to be applied to any unpaid balance for which I am responsible.

I understand that I am responsible for and will pay the portion of my bill not covered by insurance companies or third party payers. I agree to pay the account in full upon receipt of my billing statement unless payment arrangements are made with Physicians Urgent Care. If my account is placed with a collection agency, an additional 35% will be added to my balance. *It is our policy that any insurance co-pays and deductibles or any balance of a bill owed by those without insurance is due at the time of service.*

### GOVERNMENT COMPLIANCE

In compliance with the recently enacted Patient Protection and Affordable Care Act and the Stark Law, Physicians Urgent Care must inform you that there are other options pertaining to laboratory, diagnostic, and radiographic services. Specifically it should be noted that you have presented to Physicians Urgent Care voluntarily for your medical needs and that as part of the evaluation of your condition and any required treatment, the physician on duty may determine that particular laboratory, diagnostic, and radiographic tests may be needed. Physicians Urgent Care offers many of these services on-site as a convenience to our patients. If any patient would like to have their laboratory or radiographic services provided at another location we can provide you with a list of nearby locations. Due to government laws and policies Physicians Urgent Care is not able to accept payment for laboratory, radiographic, or other ancillary services from Medicare, Secondary Medicare Plans, or Medicaid. If you have Medicare or Medicaid as your primary or secondary insurance it is your responsibility to inform the staff of Physicians Urgent Care of this so that we may explain this law and its ramifications in more detail to you.

### RELEASE AND USE OF PATIENT INFORMATION

I authorize the release of my medical records, information, treatment and advice, and specific health information to:

1. TREATING PHYSICIANS on staff at Physicians Urgent Care and their staff, agents of another healthcare facility if direct transfer to another facility is required, and to my primary care physician or any referred consultants for follow up care.
2. AN EMPLOYER who requests services. This may include your personal medical history, physical, laboratory and diagnostic tests, and drug screenings (including the presence of drugs, alcohol or marijuana).
3. INSURANCE COMPANY or other third party payer and their agents as well as any review organization or government agency for the purpose of determining eligibility and available benefits, obtaining payment for services provided, and insuring government compliance.
4. EDUCATIONAL OR SCIENTIFIC INSTITUTIONS, authorized health care professionals in training, internal quality improvement, risk management and legal counsel when it is judged that my ongoing medical care, medical research, quality improvement, healthcare education or science will benefit; for any purpose authorized by law.

I understand that if I refuse to authorize access to my records for coordination of care, my treatment could be adversely effected and that I could be held liable for the full cost of services provided by Physicians Urgent Care. I understand this information may contain my personal medical history, physical, and treatments (if necessary), radiographic and laboratory results, and more specifically results in reference to alcohol/drug abuse, mental health, or infectious disease (including human immune-deficiency virus, hepatitis, or other infectious diseases). I understand that I have the right to revoke this authorization.

Printed Patient Name: \_\_\_\_\_

Signature of Patient or Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**AUTHORIZATION TO RELEASE MEDICAL INFORMATION TO YOUR FAMILY OR OTHER INDIVIDUALS**

In accordance with federal government privacy rules implemented through the Health Insurance Portability and Accountability Act of 1966, in order for your physician or the staff of Physicians Urgent Care to give copies of and/or discuss your condition/exams/procedures/x-rays with members of your family or other individuals that you designate other than your primary care doctor or specialist, we must obtain your authorization prior to doing so.

In the event of a critical episode or if you are unable to give your authorization due to the severity of your medical condition, the law stipulates that these rules may be waived.

I authorize Physicians Urgent Care to release any and all information (including verbal information, copies of x-rays and medical paperwork) concerning my medical care to the following individuals:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_ I DO NOT authorize Physicians Urgent Care to release any information concerning my care to any individual.

\_\_\_\_\_ I authorize Physicians Urgent Care to leave a detailed message on the following authorized phone number: \_\_\_\_\_

\_\_\_\_\_ I DO NOT authorize Physicians Urgent Care to leave a detailed message on my answering machine or voicemail. I acknowledge that by choosing this option that I, the Patient, assume full responsibility for contacting Physicians Urgent Care for the results of all testing.

Printed Patient Name: \_\_\_\_\_

Signature of Patient or Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**AUTHORIZATION TO DISCUSS FINANCIAL INFORMATION**

In accordance with federal government privacy rules implemented through the Health Insurance Portability and Accountability Act of 1966, we must obtain your authorization to discuss financial information with members of your family or other individuals that you designate other than insurance companies or third party payers and their agents.

I authorize Physicians Urgent Care to verbally discuss financial information with:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Printed Patient Name: \_\_\_\_\_

Signature of Patient or Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**RECEIPT OF HIPAA PRIVACY NOTICE**

I acknowledge receipt of the Notice of Privacy Rights with detailed information about how Physicians Urgent Care may use and disclose my protected health information. I understand that Physicians Urgent Care reserves the right to change the privacy notice and that a copy of the revised notice will be made available to me.

Signature of Patient or Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_