PATIENT HIPPA CONSENT FORM

The Department of Health and Human Services has established a “Privacy Rule" to help ensure that personal health care information is protected. This rule mandates the health care providers to obtain their patients' consent for uses and disclosure of health information.

We will do all we can to secure and protect the privacy of your personal records. When it is appropriate and necessary, we will provide requested information — but only to those who are in need of it in order to facilitate and promote your current health care issue resolution.

You may refuse to consent to disclosure of the information. Under the law, we have the right to refuse to treat you if you chose to exercise this option. You may also request the termination of information sharing at a later date (completely or in part). Any revocation of such consent must be done in writing. You may not revoke actions that have already been taken by relying on the previously signed consent. All consents expire after 3 years of medical inactivity. The full text of HIPPA Notice is readily available upon request.

All medical records are destroyed after 7 (seven) years of medical inactivity.

You signature authorizes the receipt and/ or release of necessary information. You signature also acknowledges the understanding of Friedman Surgical Group, P.C. HIPPA policy as applicable to you and your care.

We may need your records from outside facilities to help resolve this issue. The following will allow us to access this information.

MEDICAL RECORDS RELEASE FORM

PATIENT NAME _____ DOB _____

SIGNATURE _____ DATE _____

MEDICAL INFORMATION RELEASE TO FAMILY/ FRIENDS

NAME	RELATIONSHIP
_____	_____
_____	_____
_____	_____

INSURANCE AND FINANCIAL RESPONSIBILITY

It is your responsibility to know the individual insurance coverage that you have elected to use for your medical needs. Your insurance policy is contract between you and the insurance company and not between your insurance company and your doctor.

The constant changes in the Health Care field, a great variety of insurance policies as well as the HIPPA privacy requirements for patients, may prevent our staff from interpreting your individual policy prior to billing the charges for services rendered. In addition, all insurance policies have exclusions and exceptions. Most policies have deductibles, co-payments and outof-pocket expenses.

Managed care patients — you must present a referral from your primary care doctor prior to appointment. We are not able to procure one for you.

Workman's Compensation patients — all referrals must be in writing and include your claim # and a case worker name and phone number.

I have read the above statements. I authorize the payment of medical benefits to the Friedman Surgical Group, PC. I agree to pay the patient balance of co-payments, deductible, out-of-pocket expenses that are not covered by or not paid in full by my insurance health plan. I understand that such payments are due at the time of the service or immediately upon presentation of the bill.

DATE _____

_____

PATIENT/ RESPONSIBLE PARTY
IF INSURED IS A MINOR, ASSIGNMENT MUST BE SIGNED BY A PARENT OR GUARDIAN