First Name:

Last Name:

MRN:

HIPPA COMPLIANCE AND CONSENT TO THE USE AND DISCLOSURE OF HEALTH INFORMATION FOR TREATMENT, PAYMENT, OR HEALTHCARE OPERATIONS

1. I understand that I have the right to receive upon request a copy of The ODC's Notice of Privacy Practices which describes how The ODC may disclose my protected health information (PHI).

2. Please list the family members or other persons, if any, whom we may inform about your general medical condition and your diagnosis (including treatment, payment, and health care options):

   Name:_____ Phone Number:_____

   Name:_____ Phone Number:_____

3. Please print the address of where you would like your billing statements and / or correspondence from our office to be sent if other than your home. (This address should be the address submitted for our demographics about you.)

   _____

4. Please indicate the telephone number where you want to receive calls about your appointments, test results, and other health care information if other than your home phone number (I am fully aware that a cell phone is NOT a secure an private line):

   _____

5. Can confidential messages (i.e. appointment reminders be left on your telephone answering machine or voice mail?

   YES_____ NO_____

Assignment of Benefits and Release

I certify that I, and / or my dependent(s), have insurance coverage with _____ and assign directly to The ODC all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether not paid by insurance. I authorize the use of my signature on all insurance submissions.

The ODC may use my health care information and may disclose such information to the above named insurance company(ies) and their agent for the purposing of obtaining payment for services and determining insurance benefits for related services.

_____ _____

Signature of Patient, Parent, Guardian, or Personal Representative Date

_____ _____

Please print name of Patient, Parent, Guardian, or Personal Representative Date