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## PATIENT CONSENT ASSIGNMENT AND RELEASE FORM

### CONSENT FOR MEDICAL TREATMENT

I voluntarily present to Urgent Care Matters and consent to treatment of the medical provider on duty and whomever they may designate as their assistant, associate, treating medical providers 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 Urgent Care Matters any and all rights, which I have against insurance companies or third party payers, for payment of charges for services provided by Urgent Care Matters 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 Urgent Care Matters. I understand that if my account is placed delinquent for greater than 150 days of billing it will then be forwarded to the collection agency.

### GOVERNMENT COMPLIANCE

In compliance with the recently enacted Patient Protection and Affordable Care Act and the **Stark Law**, Urgent Care Matters 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 Urgent Care Matters voluntarily for your medical needs and that as part of the evaluation of your condition and any required treatment, the medical provider on duty may determine that particular laboratory, diagnostic, and radiographic tests that may be needed. Urgent Care Matters 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 Urgent Care Matters 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 Urgent Care Matters 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 MEDICAL PROVIDERS** on staff at Urgent Care Matters 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 and/or alcohol).
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.

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 Urgent Care Matters. 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 medical providers or the staff of Urgent Care Matters 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 Urgent Care Matters 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 Urgent Care Matters to release any information concerning my care to any individual.**

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 Urgent Care Matters 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 Urgent Care Matters may use and disclose my protected health information. I understand that Urgent Care Matters 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: \_\_\_\_\_