

PLEASE READ THE FOLLOWING CAREFULLY

I, the undersigned, agree to the care and treatment by the attending physician, his/her associates, or assistants. The treatment may include but is not restricted to medications, immunizations, anesthesia, surgical and invasive procedures, laboratory test, x-rays, or other studies that may be helpful I the provision of the patient’s care. My medical records may be furnished to other physicians as needed for my treatment.

Receipt of Privacy Practices Notice: I acknowledge that I have received a copy of the Notice of Privacy Practices for Pell City Internal and Family Medicine, LLC.

Assignment of Benefits and Guarantee of Account: I acknowledge full financial responsibility for any services rendered, and I understand that the payment of charges incurred in this office is due at the time of service. I also understand that the charges not covered by insurance remain my responsibility, and I assign insurance benefits to Pell City Internal and Family Medicine, LLC.

I authorize my health care provider to use an automated telephone system and/or email and to use my name, address, and phone number, the name of my scheduled treating physician, and the time and place of my scheduled appointment(s), for the limited purpose of contacting me to notify me of a pending appointment or other healthcare related communication. I also authorize my healthcare provider to disclose to third parties who answer my phone limited protected health information regarding pending appointments, and to leave a reminder message on my voicemail system or answering machine. This also includes wireless methods of communication such as telephones and pagers.

Medical information and/or test results may be given to PATIENT ONLY: _____
Or to the following _____

DATE _____ SIGNED _____

PRINT NAME _____ Date of Birth _____

For patients who cannot sign of who have a personal representative:

Name of Authorized Representative	Relation to Patient
Description of Personal Representative Authorizing Authority (Examples: Parent for minor, legal guardian for minor, etc)	