Healthcare Arrangement

Consent for Medical Treatment

I/We voluntarily consent to medical treatment and diagnostic procedures provided by Colonial Healthcare and its associated physicians, clinicians, and other personnel. I/We consent to the testing for chronic and acute conditions, and testing for drugs if deemed necessary by my physician. I/We are aware that the practice of medicine and surgery is not an exact science and I/We acknowledge that no guarantee have been made as to the result of treatments or examinations. I/We have read or have had read to me this consent and understand and agree to its contents.

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Initials

Authorization for Use or Disclosure of Protected Health Information

The Practice may use, disclose or receive the following protected health information: Any and all records and/or documentation in your possession, or under control, relating to my medical care, examinations, treatment, x-rays, hospitalizations, etc., including, but not limited to medical records, films, x-rays, photographs, laboratory reports, correspondence, prescriptions, insurance records, statements of account, bills, invoices or any other documents from the date of the earliest records of the patient. I/We also agree to the release of medical or other information about me to government regulatory agencies (federal or state) as required by law.

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Initials

Authorization for Use or Disclosure of Protected Health Information to Attorney

In the event that I/We do hereby authorize Colonial Healthcare and its doctors to furnish the attorney with a full report of the examination, diagnosis, treatment of prognosis, etc., of myself in regard to the accident in which I was involved. In conjunction therewith, I do hereby Colonial Healthcare and its employees, associates, and agents free and harmless from any and all liability whatsoever that may arise from the release of such information to the said attorney or any person designated by the said attorney.

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Initials

Agreement of Financial Responsibility and Assignment of Insurance Benefits

I/We agree that all payments for deductibles, copays, and coinsurances are due at time of service for all services provided by the physicians at Colonial Healthcare. I/We agree to assign any insurance benefits to Colonial Healthcare. I/We understand it is my responsibility to verify participation status of the physicians with my health plan prior to the patient's visit and to obtain an authorization as required by my health plan prior to the patient's visit.

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Initials

Agreement of Financial Responsibility for Non-Covered Services

Non-Covered services and pre-existing conditions determined by your health plan is the responsibility of the patient. I/We agree that those services will be my responsibility.

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Initials

Agreement of Financial Responsibility-Personal Injury and Worker Compensation Cases

I/We fully understand that I/We are primarily and personally liable for all treatment, examinations, and other medical services performed by anyone in the employ of Colonial Healthcare. I/We further understand that my liability for payment is not conditioned upon any settlement, judgment, or recovery of monies by me for any such injuries sustained and that my liability to Colonial Healthcare for such services rendered is absolute irrespective of whether I am successful in recovering any monies from those responsible for my injuries. If there is no attorney representation, payment is due at each visit to the practice at time of medical treatment for injuries.

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Initials

HIPAA (Health Insurance Portability and Accountability Act)

I/We acknowledge receipt of a copy of the Colonial Healthcare Arrangement and Notice of Privacy Practices.

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Initials

I/We understand that the above-mentioned forms will be valid for one year from the date of the signature and can only be revoked upon written notice. By signing below, I/We acknowledge that this consent form has been read in full and explained as necessary.

_____ Date/Time

_____ Signature of Patient (Patient or Legal Guardian)

_____ Signature of Witness

_____ Signature of Guarantor (if different from patient)