



Consent for Treatment, Health Information Exchange and Privacy Form

Account No: _____ Patient Name: _____ DOB: _____

CONSENT FOR TREATMENT:

I consent to allow Affinia Healthcare to use and disclose my protected health information in order to carry out medical treatment, payment and healthcare operations. I authorize Affinia Healthcare to provide for all medical, dental, behavioral and/or surgical treatment. I understand that my provider is available to explain the purpose of the procedures and treatment, and that I have the right to refuse the recommended treatment.

PAYMENT:

I request that payment of authorized insurance carriers be made on my behalf to Affinia Healthcare for any services furnished to me. I understand that there is no guarantee of reimbursement or payment from any insurance company or third-party payor. I accept financial responsibility for all charges for medical care provided not otherwise covered by insurance or third-party payor.

HEALTHCARE OPERATIONS:

I understand that Affinia Healthcare may use or disclose, as needed, my protected health information in order to support the business activities of its practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students and research.

HEALTH INFORMATION EXCHANGE:

I understand and agree that my health information may be stored in or exchanged through one or more electronic health information exchanges through which health care professionals and facilities and others involved in my care may view and obtain my information. I also understand and agree that once my health information is exchanged in that way, it may be added into other treating providers' medical records and may be aggregated with the health information of others and used or disclosed to conduct data analysis, or for any other lawful purpose.

I understand that this HIE Consent applies to information generated prior to the date of this HIE Consent and during any subsequent visit while this Consent is in effect. This HIE Consent is effective on the date of my signature (or the signature of my authorized representative) below. The Consent for Release of Sensitive Information expires with respect to information about mental health and developmental disability services [25] years after the signature date on this HIE Consent. I may revoke this HIE Consent in writing, at any time; provided, however, that such revocation will not apply to any uses or sharing of my health information that occurred prior to the date the written revocation was received.

Acknowledgement of Notice of Privacy Practices

I have received a copy of the Notice of Privacy Practices. This Notice describes how my health information may be used or disclosed. I understand that I should read it carefully. Within this Notice of Privacy Practices is contained a complete description of my privacy/confidentiality rights. I am aware that the Notice may be changed at any time. I was given the opportunity to review the Notice and ask questions regarding my privacy rights. I understand that by law, Affinia Healthcare may use or disclose specific information without authorization. Those specific reasons are listed in the Notice. I further understand that my medical information is protected under HIPAA for privacy and confidentiality and cannot be released without my written consent; except in the instance stated above and for continuity of care purposes. By signing this form, I am authorizing Affinia Healthcare's use and disclosure of my protected health information as detailed above. However, I may give notice to restrict the use of such information and revoke my consent in writing.

Advance Directive

An Advance Directive determines my health care services when I am unable to do so. If I provide an Advance Directive, Affinia Healthcare will place the document in my medical record and forward on to a hospital or long term care facility when needed. Affinia has the right to honor or limit honoring my advance directive.

I have an Advance Directive - YES NO NA(under 18)

Patient Signature _____ Date _____

Signature of Parent or Patient's Representative (if applicable) _____ Date _____ (Rev 12/16)

Dear Affinia Healthcare Patient,

Affinia Healthcare strives and is committed to providing high quality health care and exceptional service, while promoting healthy life styles; we find it necessary to update our current policies from time to time. This will ensure that you, the patient, not only receive the care you are entitled to, but that the care is delivered in a timely and efficient manner. It is for this reason Jan. 2, 2018 we will be modifying the content in our "No Show Policy".

A "no-show" is defined as a patient that did not show for a scheduled appointment; cancelled his or her appointment less than 24 hours in advance, arrived to their appointment but did not have proper documentation and/or payment so services could not be done; or arrived late for his or her appointment and per the late policy was not seen. Appointments included in this policy are medical, dental, optometry, podiatry, audiology, chiropractic and group appointments.

Cancellations or rescheduled appointments must be done at least 24 hours before your scheduled appointment. If you miss 3 appointments in 12 months you will not be able to schedule the above appointment for 6 months. During these 6 months you can use Affinia Urgent Care and our same-day, walk-in primary medical care appointments at each site. Walk-in appointments are "as" available and have the usual fees.

It is our hope, that this policy will encourage patients to cancel their appointments no less than 24 hours in advance. This will help manage our schedules and ensure all patients have access to care when they need it.

The registration clerk will ask that you sign below that you acknowledge and have received Affinia Healthcare "No Show Policy".

Thank you for your patience as we strive to make Affinia HealthCare your provider of choice for your healthcare needs.

PLEASE NOTE: Urgent Care at LEMP (Soulard Benton) continues to be open for all patients regardless of a "no show status" and the usual urgent care fees will apply. Urgent Care Services can be reached by calling 314-898-1782.

My signature denotes I have received a copy of the current "NO SHOW POLICY" and understand the content of the policy.

Print Name

DOB

Signature

Date

Revised: 01/02/2018