

PATIENT CONSENT

CONSENT FOR PURPOSES OF TREATMENT, PAYMENT AND HEALTHCARE OPERATIONS

I consent to the use or disclosure of my protected health information by First Care Occupational Health Center for the purpose of diagnosing or providing treatment to me, obtaining payment for health care bills or to conduct health care operations of First Care Occupational Health Center. I understand that diagnosis or treatment of me by First Care Occupational Health Center may be a conditioned upon my consent as evidenced by my signature on this document.

I understand that I have the right to request a restriction as to how my protected health information is used or disclosed to carry out treatment, payment or health care operations of the practice. First Care Occupational Health Center is not required to agree to the restrictions that I may request. However, if First Care Occupational Health Center agrees to a restriction that I request, the restriction is binding on First Care Occupational Health Center.

I have the right to revoke this consent, in writing, at any time, except to the extent that First Care Occupational Health Center has taken action in reliance on this consent.

My "protected health information" means information, including my demographic information, collected from me and created or received by my physician, another health care provider, a health plan, my employer or a health care clearinghouse. This protected health information relates to my past, present or future physical or mental health condition and identifies me, or there is a reasonable basis to believe the information may identify me.

I understand I have the right to review First Care Occupational Health Center's Notice of Privacy Practices prior to signing this document. First Care Occupational Health Center's Notice of Privacy Practices has been provided to me. The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that will occur in my treatment, payment of bills or in the performance of health care operations of First Care Occupational Health Center. The Notice of Privacy Practices for First Care Occupational Health Center is also provided at the front desk and on First Care Occupational Health Center's website at firstcareohc.com. This Notice of Privacy Practices also describes my rights and First Care Occupational Health Center's duties with respect to my protected health information.

First Care Occupational Health Center reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a revised notice of privacy practices by accessing First Care Occupational Health Center's website, calling the office and requesting a revised copy be sent in the mail or asking for one at the time of my next visit.

 Signature of Patient or Personal Representative

 Name of Patient

 Date

 Description of Personal Representative's Authority

Authorization for Insurance Assignment and to Pay the Physician

I hereby assign all insurance benefits to First Care Occupational Health Center. If my Employer is not responsible for the bill then I understand that I am responsible to First Care Occupational Health Center for my and my family's individual charges incurred during the course or treatment, even though I may have insurance or third party coverage. I recognize that the cost of the medical care may exceed the amount reimbursed by my insurance carrier. I promise to pay this amount when due. In event of default, I recognize that legal proceedings may result and I agree to pay all costs of collection, including reasonable attorney's fees.

 Patient's Name

 Patient or Authorized Signature

 Date

 Relation to Patient

 Current Address

 Primary Care Physician (if applicable)

 Dr:

 City State Zip

 Home Phone

 Current Insurance Company

 Work Phone

 Insured's Name

 Responsible Account Name:

 Account #

 Verified By: (Employer)