Offices in Crestview and Pensacola
Office: (850) 356-4407
Fax: (850) 807-5487
E-mail: orthospineinstititute1@gmail.com
Website: roberthuangmd.com

Office Policies, Consent to Treat & HIPAA Notification

YOUR INFORMATION:

Please provide your most current and preferred contact information such as home and cell numbers, address and email address. Also, please bring your **ID and insurance card to EACH VISIT** to ensure accurate filing and payment from your insurance carrier.

CELL PHONE USAGE:

Please refrain from using your cell phone when in the exam room with our staff and when checking in or out of the office. **Absolutely, no videos or pictures are to be taken in the office during the visit.**

PRESCRIPTION REFILL / FORM COMPLETION:

Please allow 48 (week-day) hours for all forms to be completed and prescription refill requests to be processed. Long forms may be charged for. Please note that in compliance with Federal Law, some medication prescriptions must be picked up at our office. These prescriptions will not be sent electronically or called in to your pharmacy. You will be notified in advance if this is the case. Please be prepared to show identification, if requested, when picking up these prescriptions.

CONSENT TO TREAT:

I am the patient, parent, or legal guardian for the patient(s) listed below and, on behalf of the patient(s), I hereby request and consent that the children listed below be examined and treated by the medical, nursing and other healthcare personnel who may participate in the patient's care. I understand treatment and services may include:

- Lab tests
- X-Rays and Radiographs
- Screening tests (tests that can identify an illness early, before a person shows signs of
- having the disease)
- Diagnostic tests (tests that show if a person has a certain illness or health problem), and routine exams
- Therapies and Treatments
- Application of Splint, Cast, and/or Brace
- Global Fracture Care/Treatment

I HAVE RECEIVED A COPY, READ, UNDERSTOOD AND AGREED TO ORTHOPAEDIC INSTITUTE OF NORTHWEST FLORIDA OFFICE POLICIES, ASSIGNMENT OF BENEFITS, LIMITED POWER OF ATTORNEY, CONSENT TO TREATMENT, HEALTH INFORMATION PRACTICES, NOTICE OF PRIVACY PRACTICES (HIPAA), CANCELLATION AND MISSED APPOINTMENTS POLICY, FINANCIAL NOTICE FOR GLOBAL FRACTURE CARE, AND FINANCIAL POLICY.

Patient, Parent, or Legal Guardian: _____

Signature: _____

Date: _____