

HIPAA COMPLIANCE AND OFFICE POLICIES:

Name: _____

- With my consent, Dr. Zabel and his office staff may use and disclose protected health information (PHI) about me to carry out my treatment, payment and healthcare operation (TPO). I also authorize him to call my house or designated location and leave a message on voicemail or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, insurance items and any call pertaining to my clinical care including laboratory results among others. With this consent, Dr. Zabel may mail to my home or other designated location any items that assist the practice in carrying out TPO such as patient statements. By signing this form, I am consenting to Dr. Zabel's use and disclose in reliance upon my prior consent. If I do not sign this consent, Dr. Zabel may decline to provide treatment for me. I hereby authorize Dr. Zabel to treat me, or my child by medical means he deems necessary or advisable. I further authorize payment of my medical benefits to Dr. Zabel. I understand the above guidelines, have had the opportunity to ask questions and will be given a copy of the privacy notice if I request it.
- In order to treat you as a patient and to submit your claims to the proper insurance company, the information sheet must be **completely** filled out.
- This office must be supplied with all necessary referral and completed claim forms at the time of your visit. It is the responsibility of the patient to make sure your visits are authorized by your insurance company. If your insurance company requires referrals/authorization from your primary care physician, this office must receive the referral/authorization within 10 days. After 10 days, you will be responsible for all bills.
- Payment for office visits must be made at the time of service. If you are involved in a legal matter, payments must still be received on a monthly basis to keep your account in good credit.
- This office allows 60 days after insurance has been filed for the insurance company to make payments or to receive a response. After this time, the patient is responsible for the balance and also as actively pursuing the insurance company to find out the delay in payment.
- Photos taken are the property of Dr. Zabel. Photos may be released to your insurance company to determine medical necessity.
- Work injuries will be filed to the workmen's compensation carrier that has been provided by you. However, any balance not paid by your workmen compensation carrier will be billed to you directly and will be your responsibility.

SIGNATURE: _____

DATE: _____