



Asbury and Associates  
— Healthcare —

Relax. Your healthcare is in good hands



Asbury and Associates Healthcare  
4020 E Russell Rd, Bldg 5, Las Vegas, Nv 89120  
<https://www.aahlv.com>  
P: 702-960-4812  
F: 702-381-5383

## Consent to Treat:

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

I consent to any medical treatment rendered under the general instruction of the healthcare provider:

Assignment of Insurance Benefits:

I \_\_\_\_\_ hereby assign any and all insurance benefits payable to Asbury and Associates Healthcare LLC, including chronic care management, which are applicable to the patient account, but not to exceed the outstanding balance on my account. Should this account have to be turned over for collections, I agree to pay all reasonable attorney fees, court costs, and/or collection fees necessary to collect the past due balance on this account. I understand that my insurance will be billed as a courtesy to me. I will notify the provider in writing of any change in my insurance coverage. If payment is not received in 45 days from the date of the bill, I understand that I am financially responsible for all services rendered.

\_\_\_\_\_  
**Signature of Patient**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Provider Signature: Annette Asbury FNP-C**



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## HIPPA Consent

When we visit you in your home for an appointment it is very important to us that you feel safe in telling your doctor personal information that may be required to fully diagnose or treat a problem. As medical professionals, please be assured that our practice has always had strict policies and procedures to protect the confidentiality of the information that you have entrusted to us. However, on April 14th, 2013, new regulation became effective under a federal law called the Health Insurance Portability and Accountability Act (HIPPA). HIPPA regulations cover physicians and all other health care providers as well as health insurance companies and their claim processing staff. In general, HIPPA was enacted to establish national standards to:

1. Give patients more control over their health information.
2. Set boundaries for the use and release of health records.
3. Establish safeguards that physicians, health plans, and other healthcare providers must have in place to protect the privacy of health information.
4. Hold violators accountable with civil and criminal penalties.
5. Balance the need for individual privacy with a requirement for public responsibility that requires disclosures to protect public health.

The HIPPA rules require that our practice provide all our patients that we see after April 14, 2013, with our Notice of Privacy Practices. The notice describes how the medical information we receive from you may be used or disclosed by our practice and your rights related to your access to this information. A copy of this notice is available to you upon request.

Please sign below that we have made a copy of the notice available to review. You are entitled to a personal copy of the notice at any time to review and keep for your records. If you have any questions about our privacy practices, please feel free to contact our office.

By signing below, I allow anyone who comes into the examination and or/home with me to participate in the examination and/or discussion regarding my health care while in my presence.

I acknowledge that I have received a copy of Asbury & Associates Healthcare's notice of privacy practices and have been given an opportunity to ask questions.

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**Patient Name**

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**Signature**