

-Acknowledgement of Receipt of NOTICE OF PRIVACY PRACTICES

I acknowledge that I have reviewed (& received a copy if requested) Appalachian Surgery & Vein (AS&V), Mountain Family Medicine (MFM), and Green Leaf Clinic (GLC), NOTICE OF PRIVACY PRACTICES. This policy will remain in effect until revoked by me. A photocopy of this authorization shall be considered as effective as the original.

_____/_____/_____
Print Patients name Patient's Signature Date
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-Authorization for Verbal Release of protected Health Information

I give my permission to AS&V, MFM, and GLC to release information regarding appointment dates/time and my protected health information, including, but not limited to, insurance, address, phone number, test results, health care information and treatment to the following:

Name of Person Relationship to Patient
Yes___No___AS&V, MFM, and GLC are given permission to leave a message on your voice / home or cellular message services.

Signature:_____Date:_____/_____/_____
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-Release of Information:

I authorize my physician to contact my primary care physician, therapist, psychologist, psychiatrist, other treating physicians or medical personnel, or_____regarding other appointments or information pertaining to my psychological or emotional well-being or other medical issues.

Signature:_____Date:_____/_____/_____
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-Acknowledge of Receipt of Collections Policy.

I acknowledge that I have reviewed (& received a copy if requested) of AS&V, MFM, and GLC Collections Policy. There is a \$35 late payment fee per month, \$35 administrative processing fee, plus 1.5% interest per month added to all outstanding debt. Any cost of collection including collection agency added costs, court costs, and any legal (e.g., attorney) fees will be added. A photocopy of this authorization shall be considered as effective as the original.

Signature:_____Date:_____/_____/_____
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-Acknowledge of Receipt for Assignment and Release of Insurance.

I acknowledge that I have reviewed (& received a copy if requested) and agree to AS&V, MFM, and GLC **Assignment and Release of Insurance** Policy. This policy will remain in effect until revoked by me. A photocopy of this authorization shall be considered as effective as the original.

Signature:_____Date:_____/_____/_____
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