

Patient Name: _____ DOB: _____

CONSENT, ASSIGNMENT, AND RELEASE FORM CONSENT FOR MEDICAL TREATMENT

I voluntarily present to Xpress Urgent Care and consent to treatment of the medical provider on duty and whomever they may designate as their assistant, associate, treating physician and patient care staff to provide my care. Such care may include, but is not limited to, diagnostic procedures, radiological evaluations and procedures, and the administration of medications considered advisable in my diagnosis, treatment, and course of care. I acknowledge that no guarantee can be made or has been made as to the results of treatments or examinations and I understand that all medical treatments contain inherent risks.

ASSIGNMENT OF INSURANCE BENEFITS AND PAYMENT GUARANTEE

In consideration of services provided, I hereby assign and transfer to Xpress Urgent Care any and all rights, which I have against insurance companies or third-party payers, for payment of charges for services provided by Xpress Urgent Care to me or to one of my dependents. I authorize said payments to be applied to any unpaid balance for which I am responsible. I understand that I am responsible for and will pay the portion of my bill not covered by insurance companies or third-party payers. I agree to pay the account in full upon receipt of my billing statement unless payment arrangements are made with Xpress Urgent Care.

HIPAA COMPLIANCE & RELEASE AND USE OF PATIENT INFORMATION

In compliance with the Health Insurance Portability & Accountability Act of 1996 ("HIPAA"), Xpress Urgent Care must inform you that you have certain rights to privacy regarding your protected health information. You understand that this information can and will be used to conduct, plan and direct your treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly and indirectly. You also hereby assert that you have presented to Xpress Urgent Care voluntarily for your medical needs and that as part of the evaluation of your condition and any required treatment, the medical provider on duty may determine that particular laboratory, diagnostic, and radiographic tests may be needed. Xpress Urgent Care offers many of these services on-site as a convenience to our patients. If any patient would like to have their laboratory or radiographic services provided at another location it is your right to do so.

I authorize the release of my medical records, information, treatment and advice, and specific health information to:

1. TREATING MEDICAL PROVIDERS on staff at Xpress Urgent Care and their staff, agents of another healthcare facility if direct transfer to another facility is required, and to my primary care physician or any referred consultants for follow up care.
2. AN EMPLOYER who requests services. This may include your personal medical history, physical, laboratory and diagnostic tests, and drug screenings (including the presence of drugs, alcohol or marijuana).
3. INSURANCE COMPANY or other third-party payer and their agents as well as any review organization or government agency for the purpose of determining eligibility and available benefits, obtaining payment for services provided, and insuring government compliance.

I understand that if I refuse to authorize access to my records for coordination of care, my treatment could be adversely affected and that I could be held liable for the full cost of services provided by Xpress Urgent Care. I understand this information may contain my personal medical history, physical, and treatments (if necessary), radiographic and laboratory results, and more specifically results in reference to alcohol/drug abuse, mental health, or infectious disease (including human immune-deficiency virus, hepatitis, or other infectious diseases). I understand that I have the right to revoke this authorization.

RECEIPT OF HIPAA PRIVACY NOTICE

I acknowledge receipt of the Notice of Privacy Practices with detailed information about how Xpress Urgent Care may use and disclose my protected health information. I understand that Xpress Urgent Care reserves the right to change the privacy notice and that a copy of the revised notice will be made available to me upon request.

Signature of Patient or Parent/Guardian: _____ Date: _____