

PATIENT ACKNOWLEDGMENT, CONSENT WITH INSURANCE CERTIFICATION AND ASSIGNMENT, AND TREATMENT AUTHORIZATION

I understand that under Federal and State law I am entitled to have information regarding my physical and mental health condition and health care I have received remain private and confidential. Under certain circumstances Tallahassee Primary Care Associates, P.A. ("TPCA") is limited in its ability to release such information, known as Protected Health Information, without my authorization.

I understand I have the right to review the Notice of Privacy Practices of Tallahassee Primary Care Associates prior to signing this document, and I acknowledge that the TPCA Notice of Privacy Practices, which includes a listing of my rights as a patient, has been provided to me. I understand that the Notice of Privacy Practices for Tallahassee Primary Care Associates is also available on the website for TPCA at www.TallahasseePrimaryCare.com. I understand that my physician is a part of TPCA, and that this notice applies to the protected health information that my physician, as a part of TPCA, collects, receives, or creates for my past, present or future physical or mental health.

I hereby consent to the use or disclosure of my protected health information for the purpose of diagnosing or providing treatment to me, obtaining payment for my health-care bills, including my insurance carrier or health maintenance organization, to conduct healthcare operations of TPCA, and/or any other permitted disclosure, as outlined in the Notice of Privacy Practices.

I also understand that TPCA participates with and provides electronic medical records to certain health information exchanges. Information regarding health information exchanges, including as an example www.TallahasseeBigBendHealth.com, is included on page 2 of this document. The information exchanged in these activities may include my protected health information. I hereby authorize such transmissions. I understand that I may opt out of this transmission at any time by sending a written request specifically stating my desire to opt out of HIE activities directly to our Privacy Officer through email at Compliance@TallahasseePrimaryCare.com or by mailing a written request to Privacy Office at 1803 Miccosukee Commons Drive, Suite 101, Tallahassee, FL 32308.

TPCA reserves the right to revise, make new provisions and or change the terms of these notices at any time. New notices will be effective for all protected health information that we maintain at that time. Such revised notice will be made available to you by posting a copy of the revised notice on our website at www.TallahasseePrimaryCare.com.

I hereby certify that the information given by me in applying for payment under Title XVIII and XIX of the Social Security Act by any third-party payors is correct. I assign payment to TPCA of all benefits due me under the terms of said policies and programs. I assign payment to the physician rendering medical services and the physician for whom the hospital is authorized to bill in connection with its services. I understand that I am required to pay for any health insurance deductibles, coinsurance or any other charges incurred which are not paid by my insurers or other third-party payers together with all costs of collection, if necessary, including collection fees charged by a third-party collection agency and reasonable attorney's fees if collected by or through an attorney-at-law.

A PHOTOSTAT COPY OF THIS AGREEMENT SHALL BE VALID AS THE ORIGINAL.

The undersigned certifies that he/she has read the foregoing and is the patient or the parent or guardian of the patient and is duly authorized as patient's agent to execute the above and accept its terms, including the provision of treatment authorization.

Patient name: Print: _____
Sign: _____
Date: _____ Patient Date of Birth: _____

Parent or legal guardian name: Print: _____
Sign: _____
Date: _____

Explain Your Relationship to Patient: _____

Description of Personal Representative's Authority: _____



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IMPORTANT INFORMATION RELATED TO HEALTH INFORMATION EXCHANGE

Recent important legislation in the American Recovery and Reinvestment Act of 2009, enacted by Congress, includes important provisions which impact health care providers and patients alike. Among the provisions of this Act is the concept of Health Information Exchange ("HIE").

Health information exchange (HIE) is defined as the mobilization of healthcare information electronically across organizations within a region or community. HIE provides the capability to electronically move clinical information among disparate health care information systems while maintaining the meaning of the information being exchanged. The goal of HIE is to facilitate access to clinical data to provide safer, more timely, efficient, effective, equitable, patient-centered care. HIE is also useful to Public Health authorities to assist in analyses of the health of the population.

Tallahassee Primary Care Associates, P.A. participates in and provides patient information to HIE's in certain circumstances in order to facilitate the coordinated continuum and exchange of healthcare information between facilities and providers.

For the purpose of informing you, our patient, concerning HIE in general, and our participation in and commitment to HIE, we have included a brief explanation and an example of a local resource of HIE in Tallahassee through www.BigBendHealth.com, the Big Bend Regional Healthcare Information Organization ("BBRHIO") and Business Associates of the BBRHIO.

BBRHIO is a Florida nonprofit, public benefit corporation organized and federally recognized 501(c)(3) of the Internal Revenue Code. Unless you specifically opt out as provided below your personal health information will be provided to BBRHIO. Tallahassee Primary Care Associates and our physicians support this health information exchange as an important part of healthcare technology that facilitates communication and community coordination of your patient care.

A Regional Healthcare Information Organization ("RHIO") is a group of organizations and stakeholders that exchanges data electronically to improve the quality, safety, and efficiency of healthcare delivery. RHIOs are ordinarily geographically defined entities that arrange for the means to exchange information electronically. They also develop and maintain HIE standards. To successfully exchange information, RHIOs must build their data exchange on sound principles and processes.

BBRHIO is locally owned and managed, and consists of numerous well-established and respected local health care organizations and stakeholders. The Board of the BBRHIO is comprised of local health care providers, and is solely under the control of the local Board. www.BigBendHealth.com, which is the website of the BBRHIO, is a first-of-its-kind health resource that creates economic benefits, a connected workforce, improved medical care and a breakthrough in records management. The purpose of www.BigBendHealth.com is to be the essential communication resource and HIE for health care in the Capital region. Additionally, www.BigBendHealth.com is the largest active Health Information Exchange ("HIE") in Florida, containing millions of patient records processing numerous health care messages between providers in the community.

STATEMENT OF PURPOSE: BBRHIO seeks to reduce the cost and improve the quality and efficiency of health care provided by the Participants through the electronic management and exchange of health information acquired or generated by them in providing, paying for, and reporting on patient care items and services. The Participants anticipate that the electronic management and exchange of such information will simultaneously help eliminate unnecessary repeat testing, increase the accuracy of medical diagnoses, improve medical treatment, and improve outcomes for patients. BBRHIO and TPCA contract through Business Associate agreements with vendors who operate a Regional Health Information Network ("RHIN") to facilitate the electronic transmission, storage, and sharing of health information among participating providers of health care services, third-party payers for health care services, and other interested parties in their respective regions in a manner that complies with all applicable laws and regulations, including without limitation those protecting the privacy and security of health information. The intent for each of the organizations who participate in HIE with RHIN's and other HIE mechanisms, like TPCA, is to share information to improve efficiency, enhance communication, secure data, facilitate claims and provide valuable medical treatment information broadly to assist in your health care. These efforts, which are encouraged through specific efforts of the government entities, are intended to provide a collaborative framework through which the parties can securely share information more efficiently and effectively for your benefit.

Example information on this effort and participation, as well as general information related to the Tallahassee health care community, can be found at www.BigBendHealth.com. Example information on vendors/business associates of HIE for the Tallahassee health care community can be found at www.HIENetworks.com. Example information on HIE generally and the national efforts in that regard can be found at www.healthit.gov.