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.hienetworks.com is included on page 2 of this document. The information exchanged in these activities may include my protected heath 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.

IMPORTANT INFORMATION RELATED TO HEALTH INFORMATION EXCHANGE

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.

TPCA Tallahassee Primary Care Associates

Our primary care is you.

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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 HIE Networks (www.hienetworks.com)

HIE Networks is engaged to deliver easier ways to communicate information and share HIPAA-compliant medical correspondence between healthcare providers. From electronic faxing to intuitive interfacing and clinical data exchange, communications are electronically streamlined to reduce errors and increase staff and patient satisfaction
Unless you specifically opt out as provided below your personal health information will be provided to organizations such as HIE Networks under secure methods with HIPAA compliant agreements. 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.

Clinical data exchange generally includes a group of organizations and stakeholders that exchanges data electronically in a manner that is fully HIPAA compliant technologically and controlled by HIPAA compliant agreements between the parties in order to improve the quality, safety, and efficiency of healthcare delivery.

Example information on this effort and participation can be found at centralishealth.com. Example information on HIE generally and the national efforts in that regard can be found at www.healthit.gov.

Consent for Services of a Minor Child

In almost all cases, Tallahassee Primary Care Associates (TPCA) requires written consent from a parent(s) or legal guardian(s) in order to provide healthcare services in the Diagnostic Imaging Center, Lab, Clinical Services departments and/or primary physician's offices for a minor child under the age of 18.

All parent(s) or guardian(s) are encouraged to attend all medical appointments at Tallahassee Primary Care Associates, but we understand that isn't always possible. To avoid having to reschedule appointments when a parent(s) or guardian(s) is unable to attend, this consent form authorizing TPCA and its medical professional to provide medical care must be signed by the appropriate person.

I, (We) _____ and _____ do hereby state that I am (we are) the parents or legal guardians of (child's name) _____, of minor age born on _____.

Please Initial options below*

_____ (I) We authorize and consent to all professional services provided at or arranged within the primary care office and their ancillary department(s).

_____ (I) We authorize and consent to any medically necessary treatment within the primary care office only and not ancillary department(s).

_____ (I) We do not give consent for _____(list specific test/services) services.

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The below adults are authorized to seek medical care and/or ancillary services in place of the minor child's parent and/or legal guardian.

Name: _____ Relationship to minor: _____

Name: _____ Relationship to minor: _____

Name: _____ Relationship to minor: _____

Name: _____ Relationship to minor: _____

Consent expires on: _____ *(If not dated, then it will expire one year from signed date)*

Patient name: Print: _____ Sign: _____

Parent/legal guardian name (*if patient is of minor age*): Print: _____ Sign: _____

Date: _____ Explain your relationship to patient: _____

Tallahassee Primary Care Associates, P.A. (TPCA) does not discriminate on the basis of race, color, national origin, sex, age or disability in its health programs or activities.

TPCA Tallahassee Primary Care Associates

Our primary care is you.