

Hematology & Oncology Consultants, PC

HIPAA Release & Assignment of Benefits

Thank you for choosing Hematology & Oncology Consultants, PC, to serve your healthcare needs! Your privacy is very important to us, and the HIPAA policy offered to you today explains how our practice takes measures to protect your personal and medical information. Please sign this release to indicate you have been offered the HIPAA policy to review.

Signature _____ Date _____

Name:

DOB:

Contact Authorization

Preferred method of contact

Home Phone _____

Cell Phone _____

Work Phone _____

Email _____

From time to time we will leave a message for you (as stated in our Notice of Privacy Practices) on an answering machine, voicemail, OR with another individual in your absence. Can we:

- Leave message regarding appointment date and time
- Leave message with provider name and phone number
- Leave message regarding lab/test results, medicine changes
- Leave message regarding billing
- DO NOT leave message of any kind

Persons who are involved in your care (family, friends, other doctors, transportation, etc.) may inquire about your appointments, treatment, lab results, prescriptions, etc. Please let us know what persons we may share information with.

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Assignment

I hereby assign my insurance benefits to be paid directly to Hematology & Oncology Consultants, PC. I authorize the release of any medical information requested by my insurance. I understand that I am financially responsible for all charges not covered by this assignment.

Signature _____ Date _____