

Hematology & Oncology Consultants, PC

HIPAA Release, Privacy Practices & 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 Notice of Privacy Practices 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 _____

Patient Name _____ DOB _____

Contact Authorization

Preferred method of contact:

Home Phone _____ Work Phone _____
Cell 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 & time ____ Leave message regarding billing
____ Leave message w/provider name and phone number ____ Do NOT leave messages of any type
____ Leave message regarding lab/test results, medicine changes

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 _____	Relationship _____	Phone _____
Name _____	Relationship _____	Phone _____
Name _____	Relationship _____	Phone _____

Assignment of Benefits

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 _____