



HIGHLAND URGENT CARE AND FAMILY MEDICINE

PATIENT CONSENT FOR USE AND DISCLOSURE AND PROTECTED HEALTH INFORMATION

With my consent, Highland Urgent Care and Family Medicine may use and disclose protected health information about me to carry out treatment, payment and healthcare operation. Please refer to Highland Personal Health notice of privacy practices for more complete description of such use and disclosures.

I have the right to review the notice of privacy practices prior to signing this consent. Highland Urgent Care and Family Medicine reserves the right to revise its notice of privacy practices at any time.

With my consent, Highland Urgent Care and Family Medicine may mail to my home or call any other designated locations any items that assist the practice in carrying out treatment, payments and operations. This includes, but is not limited to: appointment reminders, emailing correspondence, test results, medical records, faxing records and insurance items pertaining to my clinical care, as long as they are marked personal and confidential.

With my consent to Highland Urgent Care and Family Medicine I have the right to restrict how my information is used or disclosed. However, the practice is not required to agree to my request. If the practice does agree to my request, it is bound by these agreements.

By signing this form I am consenting to Highland Urgent Care and Family Medicine the use and disclosure of my protected healthcare information. I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this consent, Highland Urgent Care may decline to provide treatment to me.

PRINT PATIENT NAME: _____ DATE: _____

SIGNATURE OF PATIENT OR LEGAL GUARDIAN: _____



ATTENTION PATIENTS Financial Policy

Payment for rendered services during your appointment is due on the date of service. Highland Urgent Care and Family Medicine is not contracted with all insurance policies. Therefore, not all insurance policies will cover the cost of services rendered at our facility. It is the patient's responsibility to have an understanding of their particular insurance policy's benefits and coverage. The patient's financial obligation as an INSURED patient on the date of service is:

1. Pay the copayment amount for the office visit, and any outstanding balances in your account which have not been covered by your insurance policy.
2. If payment cannot be made, schedule a future appointment to see the physician when you are able to meet your financial obligation. Highland Urgent Care and Family Medicine has the right to refuse care if the patient is not able to meet their financial obligation on the date of their visit.

As a patient at Highland Urgent Care and Family Medicine, you may choose to use your insurance or pay out of pocket as an UNINSURED patient for the services rendered. If you decide to pay as an UNINSURED patient, Highland Urgent Care and Family Medicine will forgo submitting a claim to your insurance company for all services provided during the date of service and any amount paid as an UNINSURED patient will not be applied to your insurance deductible. Additionally, you should not submit a claim to your insurance company for the visit. This decision must be made before you are seen for your visit. Understand that if you are at all covered by Medicare or Medicaid, you will be billed as an UNINSURED patient at Highland Urgent Care & Family Medicine. We are not contracted with Medicare or Medicaid in any way.

Under the current Insurance Guidelines, only the Annual Physical Examination and the related tests are considered Preventative Care and covered without a Deductible and Copayment under most policies. All other visits for General Medical Examination for Administration purposes including, but not limited to, Employment, School, and Sports-related Screening, are not considered normal preventative visits and are subject to the Insurance Policy Deductible and Copayment.

Any lab tests sent out to an outside testing facility (i.e. LabCorp, Quest, Genova, etc.) through your insurance policy will be billed through that 3rd Party lab company's billing department and at that facility's rate. Highland Urgent Care and Family Medicine is not responsible for any bills sent directly to you from any 3rd Party billing company. We at Highland Urgent Care and Family Medicine appreciate your cooperation and understanding regarding the necessity of this policy.

Sincerely,
Dr. Nicholas Beaulieu & Staff

Date _____

Patient Name: _____

Patient Signature: _____

**"Highland Urgent Care & Family Medicine" includes the entities of Highland Personal Health and HealthAlliance*

Receiving Your Results

<https://12848.portal.athenahealth.com/>

Enter your username and password.

All results will be reported via email notice through our HIPAA compliant **Athena Portal Site at the end of the each day.**

You will receive an Email that results are available. **From a PC or Laptop click on Patient Portal, go to My Health (left hand side), click medical forms.**