



Patient Consent Form & Acknowledgment of Notice of Privacy Practices

I understand I have certain rights to privacy regarding my protected health information. These rights are given to me under the Health Insurance Portability and Accountability Act of 1996 (HIPPA). I understand by signing this consent, I authorize Colorado Obstetrics & Women's Health to use and disclose my protected health information to carry out:

- Treatment (including direct and/or indirect treatment by other healthcare providers).
- Obtaining payment from third party payers, for example my insurance carrier.
- Day to day healthcare operations of the practice of Colorado Obstetrics & Women's Health.

I have been informed of and given the opportunity to review and secure a copy of your Notice of Privacy Practices, which contains a more complete description of the uses and disclosures of my protected health information and my rights under HIPPA. I understand that you reserve the right to change the terms of the notice and I may contact the office at any time to obtain the most current copy of the Notice of Privacy Practices

I understand I have the rights to request restrictions on how my protected health information is used and disclosed to carry out treatment, payment and health care operations, but that you are not required to agree to the requested restriction. However, if you do agree, you are bound to comply with the restriction.

I understand I may revoke this consent, in writing, at any time. However, any use or disclosure that occurred prior to the revocation is not affected.

Printed Name: _____

Signature: _____ **Date:** _____



This is an agreement between Colorado Obstetrics & Women's Health and the responsible party.

Please read this document **CAREFULLY** and initial each section.

Late Policy (Physician):

All efforts are made to keep the physicians schedule on time; therefore, if you are more than 15 minutes late, every effort will be made to fit you into the schedule. There is no guarantee that you will be seen immediately. If your physician's schedule is full, you will be asked to reschedule your appointment. When the physician is called out for an emergency or a delivery of a baby, every effort is made to give you enough notice so that the appointment can be rescheduled. However, there may be times when you are present in the office and the appointment will need to be rescheduled. Every effort is made to accommodate your schedule when rescheduling your appointment. We appreciate your understanding.

Initials

Late Policy (Ultrasound):

All efforts are made to keep our sonographers schedule on time; therefore, we ask that you please arrive 15 minutes early for your appointment. If you are more than 15 minutes late, you will be asked to reschedule your appointment.

Initials

Missed Appointments:

As a courtesy, we try to call you 1-2 business' days prior to your appointment. If a patient is unable to attend a scheduled appointment, a 24 hour advance notification is required. Patients may leave a cancellation message with the answering service during the weekend or holiday hours. Otherwise, cancellations should be made during regular business hours. In case of extraordinary circumstances that arise within 24 hours of appointment, which prevent the keeping of an appointment, the patient is expected to call and inform the practice that she will be missing her appointment. Abusive missed appointments more than 3 (three) times will result in a \$25.00 cancellation fee as of May 1, 2007. Continued abusive missed appointments may result in dismissal from the practice.

Initials

Payment Policy:

Our office will file the claims to your insurance carrier after your visit. After the claim has processed, the balance will be adjusted according to your contract. If there is a balance due, as determined by your insurance, you will be responsible to pay that balance upon notification. If the balance is not paid within 90 days, your account will be forwarded to a collection agency. As of July 1, 2007, Colorado Obstetrics & Women's Health will no longer be accepting checks as a viable method of payment. Payments may be made by cash, Visa, MasterCard, Discover, or American Express only. Payments made with a check prior to July 1, 2007 will be subject to a \$25.00 fee for any checks returned by the bank. This fee is due when billed, or at the patient's next appointment, whichever comes first. If payment is not made prior to the appointment, you will be rescheduled.

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Annual/Well Woman Exams:

Many insurance plans including Medicare and Medicaid do not cover routine preventive health services (that is physical examinations and other screening examinations). You need to be familiar with your particular plan's covered and non-covered services. Our physicians believe that yearly physical examinations are essential in providing you the best health care possible, regardless of your insurance benefits. Please understand that we will not code a preventive health visit as anything else in order to have your insurance pay. This is considered insurance fraud.

Initials

Referrals:

When your insurance plan requires a referral or authorization from your primary care physician, it is your responsibility to request and verify the initial referral has been received. Otherwise, your appointment may be rescheduled. You will be responsible for the payment of the office visit and any additional tests if the referral is not properly obtained.

Initials

Diagnostic Testing:

Please be aware that fees for diagnostic testing are in addition to the fees for the office visit.

Initials

I have read and I understand the above information.

Printed Name: _____

Signature: _____ **Date:** _____