



STAFF USE

Account #: _____

DOB: _____

Consent for Healthcare Messages (HIPAA)

Last Name First Name Preferred Name

Primary Contact Number (cell) Secondary Contact Number

Work Number Job Title Employer

TEXT/VOICE Messages for General Healthcare Information

I give permission to FSOBGYN physicians and staff to leave voicemails or texts on my primary contact number regarding the following:

- Y N Appointments & general information
Y N Health information, results, care plan, payment balance
Y N Are the above preferences the same for secondary contact number?
Y N May we leave a message on the work phone number to call our office?

SHARING of Your Health Information and Results

I give permission to FSOBGYN to share with the person(s) listed below regarding my health information including appointment information, test results, diagnoses and care plans.

Name Relation Contact Number

Name Relation Contact Number

AUTHORIZATION AND RELEASE

I hereby authorize you to release any information including diagnosis, medical records, treatment and/or care rendered to me or my child during the period of care given by FSOBGYN group to third party payors and/or practitioners. I authorize and request my insurance company to pay benefits otherwise payable to me directly to FSOBGYN Group, PC. I understand that my insurance carrier may pay less than the actual bill for services. I agree to be responsible for payment of all services rendered on my behalf and dependents. I am aware that pathology and laboratory services for evaluation and diagnosis are not billed through FSOBGYN and may require other parties to bill me. I hereby give my consent for my provider to access my medication history via electronic means. I understand that AEL Laboratories will be used for laboratory/pap testing and that should I utilize their patient portal, I may have access to my results before my provider. I understand that my provider will review my results and relay any recommendations to me after those are sent to our office. I understand that there may be a delay between the time the results are on the portal and my physician has those results in my chart.

PATIENT SIGNATURE DATE