

Fox and Brantley Internal Medicine
Consents, Release of Information, and Assignment of Insurance Benefits

Consent to Treatment: I voluntarily consent to medical care at Fox and Brantley Internal Medicine, PLC, which may include examinations, tests, photographs, and treatment by physicians and other clinical staff. I understand that the general nature, purpose, risks, and alternatives associated with any procedure or treatment will be explained to me by my doctor and, in the case of other services, by other physicians. I understand that I will have the opportunity at that time to ask for more information and to ask questions. I further understand that medical care and treatment is not an exact science. No promises have been made to me as to the results of examination or treatment.

Consent to Testing For Blood Borne Pathogens: Whenever any health care worker associated with or working for Fox and Brantley Internal Medicine is directly exposed to bodily fluids of a patient in a manner which, according to the guidelines of the Centers for Disease Control, may transmit human immunodeficiency virus (HIV or AIDS) or Hepatitis B or C, Fox and Brantley Internal Medicine will proceed to test a sample of the patient's blood for the HIV (AIDS) virus and Hepatitis B and C. Fox and Brantley Internal Medicine will also provide the results of the test to the patient through his or her physician and to the health care worker(s) who was/were exposed. In these circumstances, I understand that I will be deemed to consent to such testing. If there is a blood exposure from any healthcare worker, to any healthcare worker, or to me involving my bodily fluids, I consent and understand that a blood sample may be drawn and tested for Hepatitis B and C and the HIV (AIDS) virus for the protection of all concerned.

Notice of Virginia Prescription Monitoring Program Participation: This office participates in the Commonwealth of Virginia Prescription Monitoring Program for controlled substances and may access the computerized database to retrieve information on prescribed medications.

Protected Health Information: Fox and Brantley Internal Medicine's Notice of Privacy Practices provides information about how Fox and Brantley Internal Medicine and its providers may use and disclose my protected health information. I acknowledge that I have received or been offered Fox and Brantley's Notice of Privacy Practices, copies of which are available at the front check-in desk and/or in exam rooms.

Release of Information, Assignment of Insurance Benefits, and Financial Policy: I hereby authorize the release of pertinent information to my insurance company, CMS, and any other physicians involved in my care. I authorize insurance benefits to be paid directly to this office, realizing that I am responsible to pay for any non-covered services, non-covered co-payments, and non-covered co-insurances. I understand that if my account becomes delinquent, unpaid balances will be assigned to an outside collections agency, which may incur additional fees. I understand that failure to attend or cancel my appointment 24 hours prior to my visit will incur a \$25 fee. Repeated no-shows may result in dismissal from the practice.

SIGNATURE

Patient's relationship to signer: Patient Spouse Parent Child Guardian Other _____

Printed Name	Signature	Date
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Patient's Printed Name (if different from above)	Patient's DOB
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Patient is unable to sign or acknowledge

[Revised 8/13/13]