



USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

The educational pamphlet entitled "Notice of Privacy Practices" provides information about how National Spine & Pain Centers may use and disclose protected health information about you, and is compliant with the requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

- Our notice of privacy practices states that we reserve the right to change the terms described. Should this happen to you, you will receive a revised copy either by mail or in person.
- You have the right to request restrictions on how your protected health information may be used or disclosed for treatment, payment, or health care operations. We are not required to agree to your restrictions, but if we do, we are bound by our agreement with you.

RELEASE OF MEDICAL INFORMATION FOR COORDINATION OF CARE

I hereby authorize Privium Consultants LLC to release medical information to my referring physician, primary care doctor, case manager, and any other individual involved in my medical care for the sole purpose of facilitating my treatment. Privium Consultants may also obtain my medication history for continued treatment. I understand that my medical information is confidential and that I have a choice to request that my physician not share my medical records with any of the above individuals involved in my care whom I do not wish to receive my medical records. I agree that a copy of this release may be used in place of the original. I am aware that I may request that this agreement to release medical information may be revoked at any time by providing the physician's office with a dated and signed letter. I have read and agreed to those terms.

MISSED APPOINTMENT POLICY

Please be aware that by scheduling an initial consultation with our physicians, you are agreeing to abide by the billing policies of our service. To better serve all our patients, we require a 24-hour notification, should you need to cancel or reschedule your appointment. Should you miss or reschedule your appointment with less than a 24-hour notice, you will be charged a \$35.00 fee, for which payment will be due at the time of your next appointment. Your insurance company will not cover fees for missed appointments.

AUTHORIZATION TO DISCUSS INFORMATION WITH DESIGNATED PERSON

It is often difficult to reach a patient to discuss appointments, medications, and other information that is pertinent to our patients' care. In this event, we would discuss such information to the person that you for which you sign authorization and designate below. Please complete the following section:

I hereby authorize Privium Consultants LLC to discuss any information required in the course of my examination or treatment when I cannot be reached by phone to the following designated person(s):

Name of Designee: _____ Phone Number: _____
Relationship to Patient: _____

Name of Designee: _____ Phone Number: _____
Relationship to Patient: _____

None

I agree to all the above information.

Patient Signature or Legal Guardian Signature

Date