

Patient Acknowledgement and Consent Form

CONSENT TO TREAT

I hereby consent to treatment including tests, procedures or medications directed by the providers.

Signature of Patient or Legal Representative _____ Date _____

ASSIGNMENT AND RELEASE

I have insurance coverage with _____ Insurance Company and assign directly to

Dr. _____ all medical benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize the doctor to release all information necessary to secure the payment of my benefits. I authorize the use of this signature on all my insurance submissions.

Signature of Patient or Legal Representative _____ Date _____

NOTICE OF PRIVACY PRACTICES

I understand that St. Vincent Regional Medical Center is part of an organized healthcare arrangement that includes St. Vincent Hospital and Physician Practices, and all members of the SVH Medical staff and that these providers may share my health information for treatment, billing and healthcare operations. I have been given a copy of the organization's Notice of Privacy Practices that describes how my health information is used and shared. I understand that the organized healthcare arrangement has the right to change this notice at any time. A current copy may be obtained by contacting hospital registration or clinics or by visiting the web site at www.stvin.org.

NOTICE OF PATIENT RIGHTS AND RESPONSIBILITIES

I understand that as a patient of St. Vincent Hospital or one of the Physician Practices owned by them, I have certain Rights and Responsibilities and I have been given information about them.

ACKNOWLEDGEMENT OF RECEIPT

My signature below constitutes my acknowledgement that I have been given copies of the Notice of Privacy Practices and Patient Rights and Responsibilities, and Advance Directive information has been made available to me.

Signature of Patient or Legal Representative _____ Date _____

If signed by other than patient, relationship _____

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