



MaxHealth

Family Medicine

PATIENT'S LAST NAME: _____ FIRST: _____ MI: _____ BIRTHDATE: _____

Financial Disclosure Notice Acknowledgement

I have read the **Financial Disclosure Notice** provided to me and understand my financial obligations. I agree to pay the amounts required of me for any fees or services incurred at **MaxHealth**. I am over 18 years of age or I am the parent or guardian of the patient. I give permission for **MaxHealth** (Elis Medical Corp.) to bill my insurance (if applicable) and release information to my insurance, if necessary, for payment of claims.

Signature: _____ Date: _____ Relationship to Patient if Minor: _____

Notice of Privacy Practices Acknowledgement

By signing below, you acknowledge that you have received the **Notice of Privacy Practices** and you consent to the use and disclosure of your medical information except as expressly stated below. You understand that **MaxHealth** has the right to change its **Notice of Privacy Practices** and that you may contact **MaxHealth** at any time if you have any questions.

I hereby request the following restrictions on the use and/or disclosure of my information. I understand that you are not required to agree to my requested restrictions and will notify me, in writing, if my request(s) is denied.

Patient Confidentiality and Treatment of Private Medical Information

1. Please list people (and their relation to you) to whom we may release information about your medical condition and/or treatment. Please include anyone who may pick up prescriptions, reports, x-rays, etc. for you. **Please note: for minors, the parents &/or legal guardians must be listed below, even if completed by a parent or legal guardian.**

2. How can we communicate confidential information (ex. lab results, referrals, diagnostic test results, billing inquire, etc.)?

Home phone? Yes No Work phone? Yes No Cell Phone? Yes No

E-Mail? Yes No Email address: _____

(Please print clearly)

Signature: _____ Date: _____ Relationship to Patient if Minor: _____