

Consent to Medical Treatment

I do voluntarily consent to such diagnostic procedures and care deemed necessary by the physician, his or her assistant or designated consultants. I understand the practice of medicine and surgery is not an exact science and I acknowledge that no guarantees have been made to me as to the result of examination or treatment in this clinic.

Authorization to Release Information: This undersigned hereby authorizes Greenbriar Primary Care to release all information pertaining to patient's treatment to his/her insurance company or companies and to any other physician or health care provider to whom the undersigned may be referred. I hereby authorize regulatory and accrediting agencies to review my medical record during surveys or inspections.

Assignment of Benefits: I hereby authorize all medical and/or surgical benefits, to include major medical benefits to which I am entitled, including Medicaid, private insurance companies and other health care plans to Greenbriar Primary Care.

Notice of Privacy Practices: My signature below acknowledges that I have been given the opportunity to receive a full disclosure of the Privacy Practices as outlined by the Health Insurance Portability and Accountability Act of 1996.

Patient signature

Date

Responsible Party Signature and Relationship

Date

Greenbriar Primary Care, PA

Office Use: Last Name: _____ DOB: _____

HIPAA PRIVACY

AUTHORIZATION FOR USE AND DISCLOSURE OF PERSONAL HEALTH INFORMATION TO FAMILY MEMBERS/CARE GIVERS/FRIENDS

This authorization is prepared pursuant to the requirements of the Health Insurance Portability and accountability Act of 1996 (P.L. 104-19 1), 42 U.S.C. Section 1320d, et. Seq., and regulations promulgated there under, as amended from time to time (collectively referred to as "HIPAA:").

By signing this authorization, the patient is providing Greenbriar Primary Care with the appropriate authorization to discuss the patient's healthcare and payment of that healthcare with family members, caregivers and/or friends. This authorization has all of the information completed to allow Greenbriar Primary Care to communicate with the people you choose by completing this form. If you would like to be more specific about the information we release to your family members, please complete the general authorization form with the specifics completed on that form. This authorization affects your rights in the privacy of your personal healthcare information. Please read it carefully before signing.

Greenbriar Primary Care will not condition treatment, payment, enrollment in a health plan, or eligibility for benefits, as applicable, on your providing authorization for the requested use or disclosure.
YOU MAY REFUSE TO SIGN THIS AUTHORIZATION.

By signing this authorization you acknowledge and agree that Greenbriar Primary Care may use or disclose Protected Health Information (which may include but is not limited to: lab results, radiology results, medical records, hospital notes, etc.). This authorization extends to information on the use of alcohol, drugs, and tobacco; the diagnosis and treatment of HIV infection or other sexually transmitted diseases; and the diagnosis and treatment of mental illness.

By signing this authorization you agree that Greenbriar Primary Care or its Business Associates may disclose your personal health care information to the following person(s):

Full Name (printed)	Date of Birth	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

By signing this authorization you agree that Greenbriar Primary Care or its Business Associates may disclose your personal health care information for the purposes of treatment, continuity of care and payment for that treatment

Expiration Date (circle one): None -or- Specific (indicate expiration date) _____

Further, by signing this authorization, you acknowledge that you have been provided a copy of and understand Greenbriar Primary Care's HIPAA Privacy Notice containing a complete description of your rights, and the permitted uses and disclosures, under HIPAA. While Greenbriar Primary Care has reserved the right to change the terms of its Privacy Notice, copies of the Privacy Notice as amended are available from Greenbriar Primary Care or its office or by sending a written request (including return address) to the following address: Privacy Officer, 308-C Mocksville Highway, Statesville, NC 28625.