

TO OUR PATIENTS: Before you begin treatment at The Urgency Room, the law requires that we explain your rights and responsibilities while a patient at The Urgency Room. If you have a complaint or concern about your care, please discuss it first with your care provider. If your concern remains unresolved, you may call the Patient Representative office at 888-556-5593. Please read and sign the form below. If you do not understand the form, please ask questions. If you need a language interpreter, we can provide one for you.

CONSENT FOR TREATMENT: I consent to and authorize my health care providers to examine and treat me. My health care providers will discuss any treatment plan with me and answer my questions. If necessary, outside providers such as labs or radiologists may contribute to my care.

TEXT/E-MAIL USE: E-mail Address: _____ Cell Phone: _____

By providing my e-mail and cell phone number, I consent to The Urgency Room communicating with me via text or e-mail, consistent with the following terms of use. The Urgency Room will use the cell number and/or e-mail address you provide us to send you communications about non-urgent, non-sensitive matters. Those topics might include billing and payment information, requests to fill out patient satisfaction surveys, and other information that might be helpful to you – for example, we might send you information about The Urgency Room's health services and hours.

When you give us your cell phone/ e-mail address to use as an additional contact method, you are agreeing that:

- Text and E-mail is an unsecured method of communication. It may be intercepted by somebody else.
- You will not send us text messages or e-mails regarding your health care or any other urgent matters. You will not send us messages containing sensitive information, like your social security or your health care.
- You can opt out to receiving text messages and/or e-mail from The Urgency Room at any time.
- Texts and E-mail are an additional form of communication – you will still be contacted on the phone or by mail for matters regarding your individual health care.

If you have any questions about this Terms of Use or would like to opt-out of any text/e-mail messaging that you have been receiving, please contact us at **888-556-5593**.

RELEASE OF MEDICAL RECORDS FOR MY MEDICAL CARE OR AS REQUIRED BY LAW:

- Release of Information to Payers: I consent to the release of my health records and other information related to my health care services for payment and healthcare operations purposes and collection activities. I agree that my health records and other information may be released to Medicare, my insurance company or health maintenance organization, other payers, payer network organizations, including accountable care organizations, in which my providers participate, and the contractors and third party administrators of any of these parties.
- Release of Information by Payers and Networks: I authorize Medicare, my insurance company or health maintenance organization, other payers, payer network organizations including accountable care organizations, and their contractors and third party administrators to share my health records and information obtained from The Urgency Room or any other provider, with The Urgency Room, other providers from whom I have received services, or any other payer, payer network organization, including accountable care organizations, in which my provider participates, and the contractors and third party administrators of these parties as needed for payment and health care operations.
- Release of Information to Health Care Providers: I consent to the release of my health records created, received and maintained by The Urgency Room for my treatment to other health care providers who are involved in my treatment. This consent does NOT include release of information obtained by or created in a drug or alcohol abuse treatment unit.
- Consent for Use of Medical Records in Research: I authorize The Urgency Room to use or disclose my medical records for research, including health records created by The Urgency Room and those records The Urgency Room receives from other health care providers while treating me unless I check here. **DECLINE** ☐

BILL MY INSURANCE / ASSIGNMENT OF BENEFITS:

- I authorize The Urgency Room to send my bills for my medical care and treatment to my insurance company and/or Medicare or Medicaid for payment; to the extent my insurance company and/or Medicare or Medicaid is required to pay the bill under the terms of my insurance policy or by law. I require that my insurance company, other payor, and/or Medicare or Medicaid pay The Urgency Room or the providers who are involved in my treatment.
- I consent to the release of my medical record by The Urgency Room to my insurance company and/or Medicare or Medicaid (and organizations working on their behalf) if necessary in order for my bills to be paid.
- I understand that I may receive separate bills from other entities involved in my visit, such as outside labs or radiologists.
- **I understand that if I do not consent to bill my insurance, The Urgency Room will send a bill directly to me for payment.**

I understand that I have the right to revoke this consent, in writing, at any time except where The Urgency Room has already made disclosures in reliance on this consent.

Date	Signature of Patient / Representative		Patient Date of Birth
Print Name	Representative's Relationship to Patient	Reason Patient Unable to Sign	

If you have any questions about charges incurred during this visit, or have updates to your insurance information, please contact our billing office at **888-556-5593**

PATIENT PAYMENT TERMS AND CONDITIONS: I understand that I will incur charges for being assessed by a physician. I am aware that I have the right to refuse any offered procedures and to terminate the care process at any time.

I acknowledge that payments made today, as well as any future payments I have authorized, may not constitute payment in full for the services I am receiving. The Urgency Room will send me a statement for any additional amount owed. It is my responsibility to contact The Urgency Room to arrange for payment of any additional balances.

I acknowledge that I am being seen with limited insurance information, or insurance that cannot be verified. I understand that I am responsible for the bill in its entirety if my insurance is not active for the date of service.

As an uninsured patient, I acknowledge that I am being charged \$350 today. I understand this is a deposit, and there may be charges in excess of \$550 for my visit today. It was explained to me that \$550 is the average total charges of a visit to The Urgency Room and was also told that The Urgency Room may not be the least expensive option for my visit. I was notified of other specific options for my care, such as Hospital emergency room, Minute-Clinic, or other nearby urgent care clinics.

RECEIPT OF NOTICE OF PRIVACY PRACTICES: As required by the HIPAA Privacy Regulations,¹ all patients who receive health care services must **receive** or at least be offered our “Notice of Privacy Practices” Form; and **sign** below as acknowledgement for our records. Please note that the “Notice” is not a consent form that must be read in full and signed before treatment can be provided; rather, the Notice provides our patients with a summary description of (1) how our office will use and disclose medical and billing information for legitimate business purposes, and (2) how our patients can exercise their rights with regard to the medical information. These notices are similar to the ones that the general public received from their banks and other financial institutions last year. By signing below you acknowledge that you received (or was at least offered) a current copy of The Urgency Room’s Privacy Notice.

NOTICE OF FINANCIAL INTEREST: The Urgency Room is owned and operated by Emergency Physicians Professional Association (EPPA). The physician that treats you today is an owner and/or an employee of EPPA. As part of providing care to you while at The Urgency Room, your health care provider may recommend that you receive radiology or diagnostic imaging services, clinical laboratory services, durable medical equipment, and supplies or medications. Therefore, we are required to provide you with the following notice. **YOUR HEALTH CARE PROVIDER TODAY MAY REFER YOU TO A FACILITY OR SERVICE IN WHICH YOUR HEALTH CARE PROVIDER HAS A FINANCIAL OR ECONOMIC INTEREST.** I understand that I am free to receive these medical services from another person or facility other than The Urgency Room, and may request a list of those facilities within the area. I also may receive a copy of this notice upon request.

RELEASE OF PERSONAL PROPERTY RESPONSIBILITY: I understand that The Urgency Room is not responsible for the loss of valuables such as teeth, glasses, hearing aids, clothing, jewelry, watches, laptops and other portable electronic devices, wheel chairs, walkers, prosthetic devices, etc.

BLOOD TESTING: I understand that while receiving care, accidental exposure to my blood or other body fluids may occur. If this rare event occurs, I understand that my blood will be tested for the presence of Bloodborne Pathogens (Hepatitis B, Hepatitis C, and Human Immunodeficiency Virus). These tests are necessary to help protect and counsel the exposed individual. I understand that results of the tests will be a part of my medical record and will not be released except with my prior consent or as required or permitted by law.

Responsible Party Signature: _____ **Guest Coordinator Initials:** _____

Print Name: _____ **Date:** _____

¹As amended by the Modifications to the HIPAA Privacy, Security, Enforcement and Breach Notification Rules under HIPAA, 78 Fed. Reg. 5566 (January 25, 2013)

The Urgency Room complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, gender identity, or sex.