Notice of Privacy Practices

Physicians have always protected the confidentiality of health information and have refused to reveal such information. Today's state and federal laws are also attempting to ensure the confidentiality of this sensitive information. The federal government recently published regulations designed to protect the privacy of your health information. This "privacy rule" protects health information that is maintained by physicians, hospitals and other healthcare providers and plans. The regulation, effective April 14, 2003, protects virtually all patients, regardless of where they live or where they receive their health care. Every time you see a physician, are admitted to a hospital, fill a prescription or send a claim to a health plan, those professionals will need to consider the privacy rule. All health information, including paper records, oral communication and electronic formats (such as E-mail and electronic claim filing) are protected by the privacy rule. The Notice of Privacy Practices, which is available in our waiting room, contains information about how your confidential health information is protected by this office and describes how you can exercise your right to have access to your medical records; however, because there are exceptions to these rights, they are not absolute. We encourage you to read the Notice of privacy practices. To obtain a copy of The Notice of Privacy Practices please contact our Compliance Manager Crystal Dieppa at (305) 534-2926.

Financial Responsibility Agreement

The undersigned agree, whether he/she signs as parent, spouse, guarantor, guardian, or patient that in consideration of the services to be rendered to the patient, he/she hereby individually obligates himself/herself to pay the account. Should there be an outstanding balance after a reasonable period of time your account will be assigned to a collection agency.

Physicians Release and Assignment

I hereby authorize payment directly to the physician of all benefits applicable and otherwise payable to me from my insurance carrier, HMO or the other third-party payer, for services rendered by the physician. I understand that I am financially responsible to the physician for any and all charges that the carrier declines to pay. I hereby authorize the release of my medical records as deemed necessary for payment of insurance benefits.

Malpractice Statement

We have elected not to carry Medical Malpractice insurance or otherwise demonstrate financial responsibility. However, we agree to satisfy any adverse judgments up to the minimum amounts pursuant to S.458.320 (5) (g). Florida Law imposes penalties against non-insured physicians who fail to satisfy adverse judgements arising from claims of medical malpractice. This notice is pursuant to Florida Law.

Acknowledgement

I have read and understand the Notice of Privacy Practices

I have read and understand the financial responsibility agreement

I have read and understand the Physician's release and assignment

I have read and understand the Malpractice Statement

I hereby acknowledge that such consents will remain in effect until I cancel such consent in writing.

Signature: ____ Date: _________________________