

NORTH DALLAS INTERNAL MEDICINE

JEB S. MIERS, M.D.

DIPLOMATES OF THE AMERICAN BOARD OF INTERNAL MEDICINE

HIPAA Disclosure

I authorize the release of any medical or other information necessary to process claims on my behalf under the provisions of HIPAA (see Privacy Notice). I acknowledge and accept the policies and procedures regarding HIPAA and Protecting Patients from Identity Theft. I agree to be fully responsible for all lawful debts incurred by myself for services received from Jeb. S. Miers M.D. whether covered by insurance or not. My spouse and estate assume all responsibility for these lawful debts in the case of my death, disability, or incapacity.

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Patient Name	Printed Patient Signature	Date
_____	X _____	_____
Patient Name	Printed Patient Signature	Date
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Patient Name	Printed Patient Signature	Date
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