MONROE PODIATRY GROUP, PLLC

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HIPAA PRIVACY AND PAYMENT AUTHORIZATION

HIPAA:

A copy of the HIPAA Privacy Policy is available per your request upon arrival to Monroe Podiatry Group.

Patient may designate up to three persons with whom they authorize Monroe Podiatry to share their medical information with. If there are no names written down on this form then we can only talk to the patient themselves about their medical information, appointments, billing questions etc.

Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:

Please list below if any special requests are to be made for confidential communications: _____

_____

_____

Guarantor information

Guarantor (Responsible Billing Person, POA, Parent, etc.) Name: _____

Street address/Mailing Address:_____Apt #: _____

City: _____ State: _____ Zip: _____

Relationship to Patient: _____

Home Phone: _____ Work Phone: _____ Cell: _____

FINANCIAL RESPONSIBILITY:

I the patient agree to pay and guarantee payment in full of any and all charges for services and/or durable medical equipment ("DME") provided or to be provided by Monroe Podiatry Group, PLLC and by health care providers who may provide services during this patient visit.

Signature of Patient or Beneficiary:_____ Date: _____

Print Name: _____