

**CENTRAL KANSAS ORTHOPEDIC GROUP
PATIENT CONSENT FORM**

Patient _____ **DOB** _____

ASSIGNMENT OF BENEFITS: I hereby assign all medical and/or surgical benefits, to include major medical benefits to which I am entitled, including private insurance, and any other health plan to Central Kansas Orthopedic Group. This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as an original. I understand that I am financially responsible for all charges whether or not paid by said insurance. I hereby authorize said assignee to release all information necessary to secure the payment.

CONSENT FOR TREATMENT: I hereby agree and consent for Central Kansas Orthopedic Group to furnish medical care and/or treatment to the above patient considered necessary and proper in diagnosing or treating his/her physical condition.

ANCILLARY DISCLAIMER: I understand that Central Kansas Orthopedic Group is a corporation owned by Randall K. Hildebrand and L.T. Fleske. Each has a significant investment interest in the physical therapy and radiology services offered at Central Kansas Orthopedic Group. I have hereby been informed that I am under no obligation to have physical therapy and/or radiology services done here. Patients may at their own discretion obtain these services elsewhere.

NOTICE OF PRIVACY PRACTICES: I acknowledge that Central Kansas Orthopedic Group's Notice of Privacy Practices, revised March 9, 2016 has been made available to me. This notice will cover myself, my minor children and others that I am responsible for.

PERMISSION TO DISCLOSE INFORMATION: I authorize Central Kansas Orthopedic Group to contact me by cell phone and disclose Protected Health Information to

Name _____ Relationship to Patient _____

Name _____ Relationship to Patient _____

Name _____ Relationship to Patient _____

Signature of Patient/Patient Representative

Date

Relationship to Patient