



**Authorizations and Acknowledgements**

Patient Name \_\_\_\_\_ DOB: \_\_\_\_\_

**Treatment Authorization**

\_\_\_\_\_ I authorize medical and health care treatment by Setzer Personal Physicians, LLC

\_\_\_\_\_ I understand I have the right to refuse any procedure or treatment, and I have the right to discuss all medical treatment with my provider.

**Privacy Statement**

\_\_\_\_\_ I understand that Setzer Personal Physicians, LLC, respects my privacy and will only release information required to further my treatment, assist me in obtaining payment, managing internal operations, or specifically authorized by me.

\_\_\_\_\_ I acknowledge that I was provided a copy of the Notice of Privacy Practice as it pertains to the office of Setzer Personal Physicians, LLC.

I authorize my personal health information may be disclosed to the following individuals and acknowledge I have the right to add or remove any names on this list at any time:

\_\_\_\_\_  
Name Relationship Effective Date

\_\_\_\_\_  
Name Relationship Effective Date

\_\_\_\_\_  
Name Relationship Effective Date

**(over)**

**Medication Information Release**

\_\_\_\_\_ I hereby release Setzer Personal Physicians, LLC, to interrogate my pharmacy database and review past prescriptions.

**Patient Signature Authorization**

(non-Medicare and non-Medicaid Patients)

\_\_\_\_\_ I hereby authorize Setzer Personal Physicians, LLC, to furnish information to any insurance carriers(s) concerning my medical condition and I hereby irrevocably assign the doctor or provider of services any payment for services rendered. I understand that I am responsible for ALL charges whether or not covered by insurance.

**Notice to Medicare Patients**

(read and initial only if on Medicare or Medicare eligible)

\_\_\_\_\_ I understand that Dr. Setzer is opted out of the Medicare program and that all patients who are on Medicare, or are eligible for Medicare, must sign the federally mandated "Private Contract" in order to receive services by Setzer Personal Physicians, LLC. The services provided by Dr. Setzer cannot be submitted to Medicare for reimbursement by the patient or Dr. Setzer.

I have read and understand the Authorizations and Acknowledgements as state above.

\_\_\_\_\_  
PATIENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS SIGNATURE

\_\_\_\_\_  
DATE