

Hipaa – Financial – Policies Agreement



Patient Name _____

Date of Birth _____

I give my consent for Mid TN Medical and Dr. Bernard Sy to use and disclose protected health information (PHI) about me to carry out treatment, payment and health care operations (TPO).

Have you been provided a copy of the Notice of Privacy Practices?

Yes No

Are we allowed to leave a message on your phone regarding medical information?
(including appointments, referrals, billing information, test and lab results, etc.)

Yes No

Is there anyone other than yourself that we can share information with?

Yes No If so, please list name, relationship and phone number _____

May we mail a copy of lab and test results if no one can be reached by phone?

Yes No

I give permission to communicate by secure patient portal or email regarding medical information including appointments, referrals, billing information, test and lab results. If there are any questions, I will call the office during regular business hours.

Yes No E-mail Address: _____

I have read, understand and agree to the terms of the Controlled Substance Policy should I require this type of prescription.

Initials

I understand that if I am more than 10 minutes late to an appointment, I will be charged a fee of \$10 and will be worked back into the schedule as my provider is able. If unwilling to pay fee or unable to wait, I will have to reschedule my appointment for another time.

Initials

I understand that if I have two No Call/No Shows, I will be charged a fee of \$50.

Initials

I agree to pay my copay and/or coinsurance at the time of service. If I have a deductible, I agree to pay a deposit towards that at the time of service. I agree to pay all unpaid balances including but not limited to the principal balance of my bill. If I am turned over to a collection agency or attorney for collections, I agree to pay those collections agency fees, attorney fees, and court costs.

Initials

Patient Signature (Parent or legal guardian must sign if under 18)

Date