



P:541-213-2133

F:541-640-8107

www.familychoicenc.com

Patient Receipt of HIPAA Privacy Notice

Dear Patient,

Family Choice Urgent Care is committed to maintaining the integrity of your protected health information and complies with all applicable state and federal regulations.

The federal privacy regulations of the Health Insurance Portability and Accountability Act (HIPAA) have taken effect April 14, 2003. In support of our policy of complying with all applicable regulations, Family Choice Urgent Care provides patients with the HIPAA Notice of Privacy Rights.

While not required in order to receive treatment at Family Choice Urgent Care, we are obligated under federal regulations to ask that you sign an acknowledgement of the HIPAA Privacy Notice being made available to you.

Thank you.

Receipt of HIPAA Privacy Notice I acknowledge receipt of the Notice of Privacy Rights with detailed information about how Family Choice Urgent Care may use and disclose my protected health information. I understand that Family Choice Urgent Care reserves the right to change the privacy notice and that a copy of the revised notice will be made available to me.

Printed Patient Name

Date: _____

Signature of Patient or Parent/Guardian

•••••••• Office Use Only: To be completed only when a patient declines to sign acknowledgement.
Check here if patient declined to sign acknowledgement

Staff Signature: _____ Date: _____ Refusal
to sign acknowledgement does not prevent the patient from continuing to be treated.

To be filed in patient's record



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CREDIT CARD/DEBIT CARD AUTHORIZATION

Family Choice Urgent Care submits claims to insurance carriers as a convenience to all our patients.

At this time, we request authorization to balance bill a major credit card or debit card to cover amounts determined by your insurance to be your responsibility.

Upon receipt of an explanation of benefits from your insurance carrier any unpaid portion of your claim will be billed to your credit card or debit card. Should insurance pay in full, your account will not be charged.

All credit card/debit card information will remain absolutely confidential and securely stored by **First Data**. Family Choice Urgent Care will not store any banking account data.

I hereby authorize Family Choice Urgent Care to charge any and all outstanding balances, after insurance company reimbursement or denial, to my credit/debit card. I understand that I will not receive a statement if there is no balance due after processing my credit card for payment.

Cardholder's Authorization Signature

Date