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CEDAR PARK LOCATION

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childrensurology.com

Client Acknowledgement Statement

PATIENT NAME: _____ **PATIENT DATE OF BIRTH:** _____

I, _____, understand that, in the opinion of our Providers, the services or items that I have requested to be provided to me at Children's Urology may not be covered under my insurance as being reasonable and medically necessary for my care. I understand the health-insuring agent determines the medical necessity of the services or items I request and receive. I also understand I am responsible for payment of the services or items I request and receive if these services or items are determined not to be reasonable and medically necessary for my care.

Example: Urine analysis, Urine bowl, Injections (HCG, Lidocaine, etc.), and Emla cream (numbing agent)

I understand lab work on _____ is being sent to a reference lab. Children's Urology will provide to the reference lab the insurance information necessary to submit a claim. Any charges incurred are my responsibility to pay.

ACKNOWLEDGEMENT OF REVIEW OF NOTICE OF PRIVACY PRACTICES

I have reviewed this office's Notice of Privacy Practices, which explains how my medical information will be used and disclosed. I understand that I am entitled to receive a copy of this document.

PATIENT RECORD OF DISCLOSURES

In general, the HIPAA privacy rule gives individuals the right to request a restriction on the uses and disclosures of their protected health information (PHI). The individual is also provided the right to request confidential communications or that a communication of PHI is made by alternative means, such as sending correspondence to the individual's office instead of the individual's home.

I WISH TO BE CONTACTED IN THE FOLLOWING MANNER (CHECK ALL THAT APPLY):

HOME TELEPHONE

- OK to leave message with detailed information
 Leave message with call-back number only

WORK TELEPHONE

- OK to leave message with detailed information
 Leave message with call-back number only

MOBILE TELEPHONE

- OK to leave message with detailed information
 Leave message with call-back number only

WRITTEN COMMUNICATION

- OK to mail to home address

OTHER _____

IMPORTANT: These instructions will remain in effect for one year from the date of signature. Changes may be made, in writing, to our office. Please allow for sufficient processing time.

SIGNATURE OF PARENT/PERSONAL REPRESENTATIVE

DATE