



2020 HIPAA PATIENT PRIVACY FORM

THIS IS TO NOTIFY **PRINCETON SPORTS & FAMILY MEDICINE, PC** THAT I AM RESTRICTING THE RELEASE OF MY PROTECTED HEALTH INFORMATION. NO INFORMATION MAY BE RELEASED WITHOUT MY EXPRESS WRITTEN CONSENT AS INDICATED BELOW.

I HEREBY GIVE PERMISSION TO **PRINCETON SPORTS & FAMILY MEDICINE, PC** TO DISCUSS ANY MEDICAL MATTERS WITH THE FOLLOWING PERSON(S):

NAME

RELATIONSHIP

I authorize Princeton Sports & Family Medicine, PC to contact me in the following manner:

Home Phone (____) _____ OK to mail my home address
 Cell Phone (____) _____ OK to leave a detailed voicemail
 Work Phone (____) _____ Leave VM with callback number only

BY SIGNING THIS FORM, I ACKNOWLEDGE AND UNDERSTAND THAT I CAN REVOKE THIS PERMISSION AT ANY TIME BY SUBMITTING A SIGNED STATEMENT, AND THAT PERMISSION WILL REMAIN IN EFFECT UNLESS WE RECEIVE A REVOCATION IN WRITING.

PATIENT NAME: _____ DOB: _____

PATIENT/ GUARDIAN SIGNATURE _____

DATE: _____

PLEASE **FLIP OVER** TO REVIEW OFFICE POLICIES!

PATIENT AUTHORIZATION

- I GRANT CONSENT TO ALL HEALTHCARE PROVIDERS OF **PRINCETON SPORTS & FAMILY MEDICINE, PC.** TO EVALUATE & TREAT.
- I CONSENT TO RELEASE TO MY INSURANCE COMPANY ANY INFORMATION REQUIRED, INCLUDING THE DIAGNOSIS & RECORDS IN THE COURSE OF MY EXAM OR TREATMENT.
- I HEREBY AUTHORIZE PAYMENT DIRECTLY TO **PRINCETON SPORTS & FAMILY MEDICINE, PC.**
- I UNDERSTAND THAT OUTSIDE HEALTH CARE AND EDUCATIONAL INSTITUTES MAY BE PARTICIPATING IN MY TREATMENT AND CARE.
- **CANCELATION POLICY:** WE REQUIRE AT LEAST 24 HOURS ADVANCE NOTICE TO CANCEL OR RESCHEDULE YOUR APPOINTMENT. **IF YOUR APPOINTMENT IS NOT CANCELED OR RESCHEDULED AT LEAST 24 HOURS IN ADVANCE, YOU WILL BE CHARGED A \$30 FEE.** THIS FEE WILL NOT BE COVERED BY YOUR INSURANCE COMPANY.
- **INCOMING REFERRAL POLICY:** IF YOUR INSURANCE REQUIRES A REFERRAL TO SEE ONE OF OUR SPECIALIST PHYSICIANS, AND WE **DO NOT** HAVE THE REFERRAL, YOU WILL **NOT** BE SEEN.
- **OUTGOING REFERRAL POLICY:** IF YOUR INSURANCE REQUIRES A REFERRAL FOR SPECIALISTS, LABS OR IMAGES, WE REQUIRE A **72 HOUR** NOTICE TO SUBMIT YOUR REFERRAL.
- **RETURNED CHECK POLICY:** IF YOUR CHECK IS RETURNED BY YOUR FINANCIAL INSTITUTION, YOU WILL BE RESPONSIBLE FOR A **\$40** RETURN CHECK FEE.