

POLICIES & DISCLOSURES

Consent of Care:

I authorize Esther Emsellem, D.O. and her healthcare staff to perform the necessary services I may need, including diagnosis and treatment using osteopathic medicine. It is understood and agreed upon that the practice of medicine are not exact sciences and that no guarantees have been made as to the results of any treatment.

Release of Information:

I authorize the release of any necessary information, which includes medical records (including alcohol and drug use), for this or any related claim to my insurance carrier, third-party payers, the physician's billing agents, family or private physicians, or to appropriate public agencies for lawful purposes. I understand that, as part of my healthcare, Esther Emsellem, D.O. originates and maintains health records describing my health history, symptoms, examination and test results, diagnoses, treatment and any plans for future care and treatment. I understand and have been provided with a *Notice of Privacy Practices* that provides a more complete description of information uses and disclosures. I understand that I have the right to review the notice prior to signing the consent. I understand that Esther Emsellem, D.O. reserves the right to change the *Notice of Privacy Practices* and will post a copy of any revised Notice in the office. I understand that I have the right to request restrictions as to how my health information may be used or disclosed to carry out treatment, payment or healthcare operations and that Esther Emsellem, D.O. is not required to agree to the restrictions requested. I understand that I may revoke this consent in writing, except to the extent that Esther Emsellem, D.O. has already taken action in reliance thereon. I request the following restrictions on the use or disclosure of my health information: _____

Notice as to the Nature of Services: Not Primary Care:

I understand that Esther Emsellem, D.O. is not my primary care physician (PCP). I understand that even though Esther Emsellem, D.O. may address issues affecting my general health, the practice is focused on a specialty approach to healthcare, and it is in my best interest to also have a PCP. This is also important because Esther Emsellem, D.O. has an exclusively office-based practice and is not affiliated with any hospital. It is my responsibility to inform my PCP of any changes in my medical status as soon as possible. I understand that Esther Emsellem, D.O. is not reachable after business hours, and I must contact my PCP with questions. It is also my responsibility to let my PCP and Esther Emsellem, D.O. know about any treatments I may be receiving on an ongoing basis in order to ensure that my care is safely and properly coordinated.

Office Policies:

Office visits are by appointment only. As a courtesy, we endeavor to confirm your appointment in advance. *The courtesy of at least 24 hours notice is required for cancellation to avoid a late cancellation fee (\$100).*

Payment Policies:

I am unable to accept direct payment from insurance programs. Full payment is due at the time services are rendered. You will receive an insurance-compliant copy of the bill to submit to your insurance company for reimbursement. Esther Emsellem, D.O. will respond to insurance requests for information, but will not be obligated to take action on your behalf against an insurance carrier for collecting or negotiating your insurance claim. Whether your company pays in full, a portion, or no portion of your medical bill(s), is a matter between you and your insurance company. Please contact your insurance company directly regarding your specific coverage, level of reimbursement, need for pre-authorization and/or claim status. Payment is accepted in the form of check, Visa, Master Card, cash or money order.

I HAVE READ AND AGREE TO ABIDE BY THE ABOVE POLICIES:

Signature of Patient, Parent, Guardian, or Agent

Date

Printed name of the above