

Birmingham Integrative Health, P.C. Policies

Consent for Treatment and Financial Agreement

I consent to treatment necessary or desirable to the care of the patient first mentioned above, including, but not restricted to, whatever drugs, medicine, performance of operations and conduct of laboratory, x-ray, or other studies that may be used by the attending physician, his/her nurse, or qualified designee. I also acknowledge full responsibility for the payment of such services, and agree to pay for them at the time of service. I understand the charges may not be covered in full by insurance although insurance may be filed. I understand that the patient or the responsible party is solely responsible for the payment of all services. If the account becomes delinquent, I agree to pay all costs of collection, including a reasonable attorney's fee.

Notice of Privacy Practices

Please read Birmingham Integrative Health, P.C.'s Notice of Privacy Practices given to you by the front desk today. Your signature on the form indicates that you have received a copy of Birmingham Integrative Health, P.C.'s Notice of Privacy Practices on the date indicated.

Release of Medical Information

My signature will authorize Birmingham Integrative Health, P.C to leave appointment reminders with person/s listed or on my home answering machine until otherwise notified. I give permission for the people listed, should I be unavailable, to receive my results regarding lab, pathology, referral appointments, and other medical information. The individuals listed below are the ONLY individuals that my medical information may be verbally given to. I understand that regardless of the circumstance, that NO information will be given out if their name is not listed. Due to HIPAA laws, this includes your spouse, children, and if you are 14 or older, your parents. We can not give personal information to anyone. Also, note that no one will be allowed to call in and request medication for you, even refills if they are not listed.