Lancaster Medical
Your Life. Our Specialty

4893 Transit Road | Depew, NY | 716-608-7040
Adult & Family Medicine

PATIENT AUTHORIZATION AND ACKNOWLEDGMENT OF PRACTICE'S FINANCIAL AND PRIVACY POLICIES

AUTHORIZATION

I request that payment of authorized benefits be made on my behalf. I assign the benefits payable to which I am entitled, including, but not limited to, Medicare/Medicaid, private insurance, and other health management organizations to Lancaster Medical.

This assignment of benefits will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as the original. I understand that I am financially responsible for all charges whether or not paid by said insurance.

I also give permission to the providers and nurses of Lancaster Medical to treat, perform any diagnostic procedures, and to administer vaccines for my medical care and that of my child/ children.

ACKNOWLEDGMENT OF RECEIPT OF PRIVACY PRACTICES

In general, the HIPAA Privacy Rule (Health Insurance Portability and Accountability Act of 1996 – Federal Law) gives individuals the right to request a restriction of uses and disclosures of their Protected Health Information (PHI). It also provides the right to request confidential communications between an individual and his/her physician's office.

In order to protect your privacy and in keeping with the Federal Privacy Law, all of your medical information, PHI, is kept strictly confidential. We will use this PHI for treatment, payment, and operations (TPO) of our medical practice. We will be required to get an authorization in writing from you if we intend to use your PHI for any other purpose.

By signing this form, you acknowledge receipt of the Notice of Privacy Practices of Lancaster Medical. Our Notice of Privacy Practices is subject to change. If we change our notice, you may obtain a copy of this revised notice from our office, or by accessing our website at www.lancaster-medical.com.

Printed Name: _____ Date:_____

Signature: _____
(Patient/Parent/Legal Guardian)