



INSURANCE ASSIGNMENT/RELEASE, ACKNOWLEDGEMENT OF PRIVACY PRACTICES, & PATIENT RIGHTS

PATIENT NAME

BIRTHDATE

DATE

INSURANCE

(PLEASE SIGN AND DATE)

ASSIGNMENT AND RELEASE

I understand and certify that I or my dependents have insurance coverage with the above and are assigned directly to Trinity Medical Group. All insurance benefits, if any, are otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by the insurance. I hereby authorize the doctor to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all insurance submissions.

PATIENT'S SIGNATURE (OR PATIENT'S REPRESENTATIVE)

DATE SIGNED

PRIVACY PRACTICES

(PLEASE SIGN AND DATE)

ACKNOWLEDGEMENT OF NOTICE

I hereby acknowledge that I was furnished the privacy practices to read.

PATIENT SIGNATURE

ADVANCED DIRECTIVE

(PLEASE SIGN AND DATE)

PATIENT RIGHTS TO PREPARE A WRITTEN ADVANCED DIRECTIVE

In the event you become unable to tell your physician and family how you want to be treated, federal and state law provide ways for you to make your request known. The federal patient self-determine act states that each competent adult patient has the right to prepare a written advanced directive regarding healthcare decisions. The advance directive is typically expressed in declaration (living will), durable power of attorney for healthcare or a designation of healthcare surrogate (a representative to make decisions for you when the patient becomes incapable of making those decisions). The living will enables you to indicate in writing treatment preference if you should become incapacitated and terminally ill. In a living will you may indicate your wishes, healthcare treatments and life prolonging procedures and the circumstances under which you wish these procedures to be withdrawn or withheld and you may also designate a surrogate to carry out your wishes. Through a durable power of attorney you can name a person to communicate your wishes regarding medical, legal and financial matters should you become incapacitated. This may include authorizing medical treatment and administration of drugs. Designation of healthcare surrogate allows you to name a person who makes healthcare treatment decisions on your behalf should you become incapacitated, but surrogates do not assume their responsibility until after you become incapacitated and are unable to make decisions regarding medical treatment until that time. Advanced directives can help protect your right to make medical choices that can affect your life. The stress on your family during difficult times can be considerably reduced because your family will be relieved of the responsibility of trying to decide what your wishes could be. Your family and physician will have a clear guideline concerning your wishes for your care.

I understand the above so hereby affirm that:

I have prepared a (please do not check if you do not have the following prepared):

_____ Living will Declaration

_____ Durable power of attorney

_____ Designation of a Health Surrogate

PATIENT'S SIGNATURE (OR PATIENT'S REPRESENTATIVE)

DATE SIGNED