



PHOENIX

Emergency Care

www.PhoenixEmergencyCare.com

7105B Bailey Creek Circle, SE • Huntsville, AL 35802 •• (256) 882-PHNX

Marshall B. PLOTKA, MD, MPP, FAAEM

Insurance Participation

While we are happy to accept most insurance plans, it is very difficult to provide the most up to date information about each individual plan to our patients. For this reason, we must remind ALL patients that it is their right AND responsibility to verify coverage, benefits, and out of pocket expenses.

HIPAA Patient Consent

Our notice of Privacy Practices provides information about how we may use and disclose protected health information about you. You have the right to review our notice before signing this consent. As provided in our notice, the terms of our notice may change. If we change our notice, you may obtain a revised copy by contacting our office.

You have the right to request that we restrict how protected health information (PHI) about you is used or disclosed for treatment, payment or Urgent Care operations. We are not required to agree to this restriction, but if we do, we are bound by our agreement. Also, to be in compliance with HIPPA, and because we cannot determine identity, this office does NOT give protected health information to patients/guardians over the telephone (including lab/xray/imaging results). All PHI must be discussed in person with the patient or legal guardian.

By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payment and Urgent Care operations. You have the right to revoke this consent, in writing, except where we have already made disclosures in reliance on your prior consent.

I hereby agree to this consent by my signature below:

Full Name: _____

Address _____

City _____ State _____ Zip _____

Home Telephone _____

Can we leave a message on that phone? Yes _____ No _____

Is there another number where we can leave a message? _____

Is there any individual that my protected record can be released to: Y ___ N ___

If yes, please list below:

If this information changes, you are responsible to notify us of these changes.

Signature: _____

Date: _____