

Authorization for Release of Information

I authorize the release of any information, including medical and billing information, by Metropolitan Obstetrics & Gynecology to my referring doctor, insurance company, and responsible party named below on my behalf.

SIGNATURE _____ DATE _____

I authorize payment of Medical Benefits to Metropolitan Obstetrics & Gynecology, P.A. for services rendered to myself.

SIGNATURE _____ DATE _____

I request that payment of authorized Medicare/Medicaid benefits be paid either to me or on my behalf to: Metropolitan Obstetrics & Gynecology, P.A. for any services provided to me by the physician/clinic.

SIGNATURE _____ DATE _____

Financial Policy of Metropolitan Obstetrics & Gynecology, P.A.

Charges are due and payable within 30 days upon receipt of statement. If no insurance coverage, please contact our business office to make arrangements for payment. 651-265-6750

I agree to pay for all services provided to me by Metropolitan Obstetrics & Gynecology, P.A. , including those not covered by insurance.

SIGNATURE _____ DATE _____

RECEIPT OF NOTICE OF PRIVACY PRACTICES WRITTEN ACKNOWLEDGEMENT FORM

I am aware of Metropolitan Obstetrics & Gynecology’s Notice of Privacy Practices (a copy is available upon request and is posted in the reception room).

SIGNATURE _____ DATE _____

Request for family member to have access to protected health information.

Patient Name _____ Account # _____

I, _____

Hereby authorize Metro Ob/Gyn, P.A. to disclose my Protected Health Information (PHI) including, billing information, to the following family members:

NAME	RELATIONSHIP
1. _____	_____
2. _____	_____

NONE

I understand I may revoke this authorization by sending a written request for revocation to Mary Jo H., HIPAA Privacy Officer for Metro Ob/Gyn, P.A. I understand the information may no longer be protected by federal or state privacy rules and may be subject to re-disclosure by the recipient of the information. I understand and agree to the terms of this authorization.

SIGNATURE _____ DATE _____ *Effective for 1 year/or specified dates*