Patient Agreement
Authorization for Medical Treatment

Birth & Beyond Pediatrics, P.C. and its personnel are hereby authorized to administer any medical, diagnostic or therapeutic treatment, including blood transfusions, as may be deemed necessary or advisable. I have the right to consent or refuse consent to any proposed procedure or therapeutic course, absent emergency or extraordinary circumstances.

Disclosure of information

I understand that my child's medical records and billing information are made and retained by Birth & Beyond Pediatrics, P.C. and are accessible to office personnel. Office personnel may use and disclose medical information for office operations and functions and to any other physician or health care personnel involved in my child's continuum of care. Safeguards are in place to discourage improper access. Birth & Beyond Pediatrics, P.C. and its medical staff are authorized to disclose all or part of my child's medical record to any insurance carrier, workers' compensation carrier, or self-insured employer group liable for any part of Birth & Beyond Pediatrics, P.C. charges and to any health care provider who is or may become involved with my child's care. Oklahoma law requires that Birth & Beyond Pediatrics, P.C. advise you of the following: **the information authorized for disclosure may include information records which may indicate the presence of communicable or venereal diseases which may include, but are not limited to, diseases such as hepatitis, syphilis, gonorrhea and the human immunodeficiency virus also known as Acquired Immune Deficiency Syndrome (AIDS). By signing this agreement, you are consenting to such disclosure.**

Assignment of insurance Benefits

I agree that physician benefits otherwise payable to the insured are to be made payable to the physician(s)/provider(s) responsible for my child's care. Any payment received for this period may be applied to any unpaid bills for which I am liable, subject to the rules of coordination of benefits.

Precertification Policy

I understand that Birth & Beyond Pediatrics, P.C. will assist with initial insurance pre-certification requirements, but will not assume responsibility for pre-certification or any impact which it may have on insurance payment.

Financial Policy

As consideration for the services provided to my child, payment is guaranteed for any amount due for such services provided by Birth & Beyond Pediatrics, P.C. Charges incurred for services and goods shall be at Birth & Beyond Pediatrics, P.C. billed charges rate unless otherwise agreed to in writing.

Certification

I hereby certify that I have read each of the above statements, have had each item explained to me to my satisfaction, and have received a copy of this Patient Agreement. A photocopy of this document has the same effect as an original.

Acknowledgement of HIPAA Privacy Notice

A complete description of how your child's medical information will be used and disclosed by this office is in our HIPAA PRIVACY NOTICE, which you should read before signing this agreement.

I have received a copy of Birth & Beyond Pediatrics, P.C. HIPAA Privacy Notice. _____

I have been offered a copy of Birth & Beyond Pediatrics, P.C. HIPAA Privacy Notice and have declined to receive a copy for my personal use. I am aware there is a copy available at my request. _____

A current copy (updated September 2013) is available in the waiting room of Birth & Beyond Pediatrics.

_____ _____

Patient Name Date of Birth

_____ _____ _____ _____

Responsible Party Relationship Date Signed Witness

(revised 9/2013)