



CONSENT AND ACKNOWLEDGEMENTS

Name	DOB	Name	DOB
Name	DOB	Name	DOB
Name	DOB	Name	DOB

CONSENT FOR MEDICAL TREATMENT
I voluntarily consent to and authorize care, encompassing all diagnostic and therapeutic treatments considered necessary or advisable by the health care provider (HCP) including testing for Hepatitis B and C, HIV, and UA's in the event my blood and/or body fluids is suspected to have come in direct contact with any health care worker, to determine if my body fluids have contagious viruses. I understand all patients will see an HCP and nurse, and Heartland is a teaching facility in which any cases may be used to instruct pre-med, medical, nursing, or medical assistant students. All student evaluations are under the direct supervision of the attending physician.

AUTHORIZATION TO RELEASE MEDICAL INFORMATION
I HEREBY AUTHORIZE Heartland to release any information necessary for the course of my treatment. I understand my records are protected by HIPAA regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations at any time, except to the extent action has already been taken in reliance upon it, by given written notice to the provider.

AUTHORIZATION OF PRESCRIPTION MANAGEMENT
I authorize Heartland to track my medications from all physicians past and present in order to document allergic reactions, adverse side effects, dosages, and other pertinent information to ensure proper treatment and management of my health care.

I consent to the statements above.

Signature: _____ Print: _____ Date: _____

APPOINTMENT POLICY
Late for Appointment: If you are **10 minutes late** for your appointment, you may have to be rescheduled. Your provider will attempt to work you back into the schedule, but this may be after your scheduled appointment time. If we are unable to work you in, you will have to be rescheduled. If this occurs, this will count as a missed appointment without notice.
No Show or Late Cancel: If you miss **three** scheduled appointments within a **six-month period of time** without notifying Heartland **at least by the previous business day**, you will be placed on **same-day scheduling**. Each of our providers have appointments which do not become available until 8AM that day. If you are placed on same0day scheduling, please call our office any time after 8AM to be placed in one of these appointments.

NOTICE OF PRIVACY PRACTICES & CONSUMER RIGHTS
Heartland's Notice of Privacy Practices and Patient Bill of Rights was made available and was read.

I acknowledge all the statements above.

Signature: _____ Print: _____ Date: _____