



Patient Consent, Data Sharing, HIPAA & Protected Health Information

I hereby consent to medical evaluations, testing and/or treatment provided to me by staff at First Care Medical Centers, LLC (First Care). I understand that First Care participates in health data sharing through electronic medical records. I understand that I have the right to decline participation at anytime with written notice. I understand that First Care may use or disclose any Protected Health Information (PHI) necessary to carry out treatment, payment or healthcare operations. I authorize release of any information concerning me or my child's health care, advice and treatment provided for the purpose of evaluating and administering claims for insurance benefits. I understand that the Notice of Privacy Practices provides information about how my PHI will be used and/or disclosed. I have the right to review the Notice of Privacy Practices before signing this consent, and I have the right to revoke the consent at anytime in writing.* If I revoke consent, First Care may decline to treat me or continue to treat me with limited diagnostic testing; furthermore, First Care would not be permitted to perform x-rays, send out labs, or bill my insurance because my PHI would be required to be released to these agencies for diagnostic and/or payment purposes. I was offered a copy of the First Care health disclosure policy.

Mobile phone

I authorize First Care to contact me by mobile phone.

Financial Policy

I hereby grant permission to First Care to perform such medical/surgical procedures which are deemed necessary and understand that all charges are tentative until a final review by billing. I authorize information and subsequent visits to be relayed both verbally and written via phone, fax, or email to my family doctor, commercial insurance company, employer, and/or work comp insurance carrier, if applicable. I understand that whether I am insured or uninsured, I am responsible for any deductibles and co-pays, or payment in full at the time of service. I understand that if I am a guardian and/or authorized representative accompanying a minor, I am responsible for payment. I have supplied the particulars of my insurance coverage and authorize First Care to release any information required for my insurance claim and authorize my representing insurance carrier to pay any benefits billed for my care directly to First Care. I understand that First Care does not accept responsibility for collecting an insurance claim and/or negotiating a disputed claim. Furthermore, if insurance claims are not paid in a timely manner, the balance is my responsibility.

I have read this policy and understand that, regardless of my insurance coverage, I am responsible for payment of my account in full within 90 days; furthermore, if I have not paid the balance due and my account is sent to a collection agency, I understand that I am responsible for any collection fees.

Medicare

I understand that First Care providers are not enrolled with Medicare; therefore, are unable to bill Medicare Part B for any services rendered. Furthermore, First Care providers have not opted out of Medicare and they are unable to collect payment from Medicare Part B recipients for **covered services**. I am denying that I have Medicare Part B health insurance coverage, and I agree to pay in full for non covered services rendered.



Patients Covered by Medicaid Insurance (only)

I understand that First Care will bill Alaska Medicaid for all Medicaid covered services I receive. If I receive any services that are non-covered, I will be expected to pay for those services upon checking out. Any medications dispensed from First Care will need to be paid in full upon checking out. Adults will be expected to pay a co-pay of \$3.00; however, treatment will not be denied if I don't have my co-pay, and it will be part of my patient balance.

Workers' Compensation Patients (only)

I, the injured worker, am responsible for reporting my Work Comp injury to my employer within 4 days of the injury. My employer is responsible for reporting the injury to their Work Comp adjuster within 10 days of the injury notification. The Work Comp insurance carrier is responsible for paying First Care within 30 days of receiving the bill. I will be responsible for the balance due for any of the following: if the employer fails to file the report of injury to Work Comp, if Work Comp denies the claim, or if I fail to report the injury to my employer.

SureScripts

I, or my authorized representative, request that health information regarding my care and treatment be released as set forth on this form:

In accordance with Alaska State Law and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I understand that:

1. First Care Medical Centers, LLC (First Care) uses SureScripts, Inc., a prescription system that allows prescriptions and related information to be exchanged between my providers and the pharmacy. The information sent between these systems may include details of any and all prescription drugs I am currently taking and/or have taken in the past. This information will be utilized to First Care.
2. This authorization may include disclosure of prescription information related to alcohol and drug abuse, mental health treatment, and/or confidential HIV related information by SureScripts, Inc. to First Care.
3. I have the right to revoke this authorization at any time by writing to First Care. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.
4. Signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.
5. Information disclosed under this authorization might be re-disclosed by the recipient, and this re-disclosure may no longer be protected by state or federal law.
6. This authorization expires one year from the date of my signature below.
7. THIS AUTHORIZATION DOES NOT AUTHORIZE FIRST CARE TO DISCUSS MY HEALTH INFORMATION OR MEDICAL CARE WITH ANYONE OTHER THAN THOSE PERMITTED UNDER APPLICABLE LAW.