

**I have read and understand i-Care Urgent Care's Patient HIPAA policy.**

\_\_\_\_\_  
Print Name

X \_\_\_\_\_

Signature of Patient or Responsible Party

\_\_\_\_\_

Date

***FINANCIAL RESPONSIBILITY/CLAIMS PROCESSING: As a courtesy we will attempt to verify eligibility and benefits from your insurance company but it is not a guarantee of payment, ultimately you are financially responsible.***

The undersigned certifies that he/she has read the foregoing and is the patient, or is the duly authorized by the patient as patient's general agent to execute the above and accept its terms.

\_\_\_\_\_  
Print Name

X \_\_\_\_\_

Signature of Patient or Responsible Party

\_\_\_\_\_

Date

**Acknowledgement of Notice of Privacy Policy**

I have been given the opportunity to read and have had any questions addressed about "Privacy Policy Statement" for i-Care Urgent Care.

- I give my permission to have messages with my health information left on my voicemail. List preferred number: \_\_\_\_\_
- I DO NOT give my permission to have messages with health information left on my voicemail/answering machine

X \_\_\_\_\_

Signature of Patient or Responsible Party

\_\_\_\_\_

Date

**Consent to Treat a Minor**

I, understand, attest that I am the custodial parent or legal guardian of the above referenced minor, and hereby authorize i-Care Urgent Care to administer treatment, as it so deems necessary to the minor. In the event that the minor has received treatment at our practice previous to the date of this consent form, I hereby authorize such treatment in addition to the treatment mentioned above. In no event shall my signature to any such document have any effect on this consent form.

Name of custodial /legal guardian: \_\_\_\_\_  Effective today only.

Relationship to Minor: \_\_\_\_\_  Effective for today and all future visits.

**Parent/Guardian (Only complete if not listed above)**

Name of person responsible for this account:

DOB:

SSN:

Phone:

Mailing Address:

City:

State:

Zip: