



## CONSENT TO TREAT & HIPAA FORM

Print Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Patient Mobile Phone: \_\_\_\_\_ Is this the best mobile number to contact you? YES \_\_\_\_ No \_\_\_\_

If no, what is the best mobile number to contact you? \_\_\_\_\_

Who does this secondary mobile phone number belong to? \_\_\_\_\_

What is his/her relationship to you? \_\_\_\_\_

### Release of Information

**You MUST have someone besides yourself listed.**

**I authorize the release of information including the diagnosis, records, examination rendered to me and claims information. This release will remain in effect until terminated by me in writing. Information may be released to:**

Spouse

Name: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Child(ren) or Grandchild(ren)

Name: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Parent(s) of Patient

Name: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Other (i.e. Friend or Care Giver)

Name: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

If it was medically necessary, would you accept a blood transfusion? YES \_\_\_\_ No \_\_\_\_

### Communication with Brazos Heart Rhythm

We have three modes of communication: mobile texting, patient portal called Elation Passport, and our office phone. Each of these has a different response time. **Please read and initial each statement below.**

\_\_\_\_\_ I understand mobile texting is the **best contact** for Brazos Heart Rhythm. Texts are monitored throughout the work day by various BHR staff and therefore have the quickest response time. By initialing, I give my consent to send and receive texts to/from Brazos Heart Rhythm at the best mobile number(s) listed at the top of this page.

\_\_\_\_\_ I understand I have access to a patient portal called Elation Passport, once I set it up via an invitation sent to my email. Response time to messages sent via Elation Passport is within 1 business day. By initialing, I give my consent to send and receive messages to/from Brazos Heart Rhythm via the patient portal.

\_\_\_\_\_ I understand the Brazos Heart Rhythm staff is only able to check phone voicemails sporadically throughout the business day due to high volume of in-office patients and procedure scheduling. Therefore, phone response time is within 2 business days. By initialing, I understand I may call the BHR office but the response time is the slowest of the options.

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## Extraneous Billing

There may be a situation in which additional services may need to be rendered in order for Brazos Heart Rhythm to best serve the patient. Please read and initial each statement below.

\_\_\_\_\_ I understand that if I need to cancel an appointment within 24 hours of the appointment (by Friday for Monday appointments), I will accrue a fee of \$50 and I must make a courtesy call/text to Brazos Heart Rhythm so the clinic staff is aware and able to open that appointment time for another patient. I understand insurance does not cover cancellation fees, so I will be solely responsible for the cancellation fee.

\_\_\_\_\_ I understand that, in the course of texting with Brazos Heart Rhythm, it may be determined that a telehealth visit is necessary. If so, I understand that I will be charged a similar fee to an in-office visit. Insurance or other managed care providers may not cover telehealth sessions. I understand that if my insurance, HMO, third-party payor, or other managed care provider do not cover the telehealth sessions, I will be solely responsible for the entire fee of the session.

\_\_\_\_\_ I understand that if I request the Brazos Heart Rhythm staff to complete extensive forms and paperwork on my behalf that I will accrue a service charge of \$25 prior to the filling out of the forms. I understand insurance does not cover fees of this nature, so I will be solely responsible for the \$25 fee.

**Release:** I, the undersigned, understand that I am financially responsible for any amount not covered by my health insurance provider. I also authorize the practice to release my insurance company or their agent, information concerning healthcare, advice, treatment or supplies provided to me. This information will be used for the purpose of evaluating and administering claims of benefits.

I hereby assign all medical benefits to include major medical benefits to which I am entitled, including Medicare, private insurance and other health plans to Brazos EP PLLC DBA Brazos Heart Rhythm. This assignment is to be considered as valid as an original. I hereby authorize said assignee to release all information to secure payment.

I understand that by providing my email I consent to receive messages from Brazos Heart Rhythm.

**I UNDERSTAND IT IS MY RESPONSIBILITY TO PAY ANY DEDUCTIBLE, CO-INSURANCE, OR OTHER BALANCE NOT PAID OR COVERED BY MY INSURANCE COMPANY AT THE TIME SERVICES ARE RENDERED.**

I also hereby acknowledge that I have received and reviewed the Privacy Notice of Brazos Heart Rhythm.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Patient; Parent or Guardian Signature (if patient is under 18 years old)