



Brazos Heart Rhythm
Complex Arrhythmia Specialists

CONSENT TO TREAT & HIPAA FORM

Name: _____ Date of Birth: ____/____/____

Release of Information

I authorize the release of information including the diagnosis, records, examination rendered to me and claims information. This information may be released to:

- Parent(s)
Name(s): _____
- Spouse
Name: _____
- Child(ren)
Name(s): _____
- Other
Name(s): _____

Information is NOT to be released to anyone

This **Release of Information** will remain in effect until terminated by me in writing.

I am a **CONCIENTIOUS OBJECTOR** to blood transfusions

Contact Information

I would prefer to be contacted on my (home/cell/work) number: _____.

You may:

- Leave me a detailed message.
- Leave me a message asking to call you back.
- Please do not leave me a message.

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)