EXPECARE FAMILY CARE URGENT CARE OF TEXAS

Authorization for Medical

Permission is hereby granted to Urgent Care of Texas for medical procedures and treatment as may be deemed necessary by my physician and / or his designee. I further consent to treatment by authorized employees or agents who assigned to my care. I am aware that the practice of medicine is not an exact science and I acknowledge that no guarantees have been made to me as to the results of treatments, examinations and clinic care.

Signature of Patient or Guardian: _____ **Date:** _____

Photo Consent

For providing better medical or surgical care, I give consent to the usage of my provider's cell phone or digital camera to take digital images of my injuries, skin conditions, x-rays, EKG, or any other pertinent medical information to get a second opinion from other providers and / or other consultants.

Signature of Patient or Guardian: _____ **Date:** _____

HIPAA

(Health Insurance Portability and Accountability Act)

Due to the Health Insurance Portability and Accountability Act (HIPAA) of 1996, the following information must be filled out by each patient annually.

Relationship to Patient: _____

I authorize Urgent Care of Texas to release my medical records or insurance information as necessary to process my medical claims and coordinate or manage my healthcare.

In the event a family member or caregiver attends my office visit and is in the exam room at the time of evaluation and/or treatment, I give Urgent Care of Texas and its employees my permission to discuss freely my condition, treatment and diagnosis with that person.

May we leave a message at one of the numbers listed below about the test results? **YES/NO**

Home/Cell/Work All of the above

Home Phone: _____ **Cell:** _____ **Work:** _____

With whom may we discuss or release information about your care, treatment or diagnosis?

Name: _____ **Relationship:** _____ **Phone #:** _____

Name: _____ **Relationship:** _____ **Phone #:** _____

Signature: _____ **(valid for one year from date shown above)**

Printed Name: _____