



GENERAL CONSENT

I, _____, hereby consent to medical treatment and

Diagnostic procedures by Covina Arthritis Clinic/ Samy Metyas MD, Inc and staff.

I understand that routine health care is confidential and voluntary and may involve provider office visits which include history taking, examinations, administration of medications, laboratory tests and/or minor procedures. I understand that I may discontinue services at any time.

Signature of patient or legal Guardian

Date

Name of Patient or Legal Guardian

Date

POLICY REGARDING INSURANCE CLAIMS, BILLING, AUTHORIZATION AND ASSIGNMENT OF BENEFITS

As a courtesy, we attempt to verify with your insurance what benefits are covered and your co-pays **before** services are rendered.

Sometimes, the information we are given by your insurance company may not be accurate. We may receive an explanation of benefits after your visit that may change your copay or make you financially responsible for the visit in its entirety. The information given by your insurance is **never** a guarantee of payment by them.

After your visit, we will not be able to change diagnosis or procedure codes once a claim has been submitted unless an error has been made.

Your insurance will be billed promptly. Payments are usually received from most insurance companies within 30 days. Once your insurance payment has been received and applied to your account, you will be sent a statement from my office for any outstanding balance/patient portion. Prompt payment is expected. Delinquent account will be sent to a collection agency and reported to credit agencies.

I, _____, have read the above policy and understand that I am financially responsible for all services rendered.

Signature

Date

PERMISSION FOR VERBAL DISCLOSURE

I, the undersigned, authorize **Covina Arthritis Clinic**. “To verbally disclose my protected Health information to the following individual(S) or entities. I understand that this permission only applies to verbal communication to include, but not limited to discussion of my treatment plans, medications, test results, and upcoming procedures.

I further understand that disclosure of copies of my medical record, or other written forms if my protected health information will require my written authorization for each episode of release. This permission will become a permanent part of my medical record.

Name/Relationship _____ Phone # : _____
Name/Relationship _____ Phone # : _____
Name/Relationship _____ Phone # : _____

Permission To Leave A Message :

Home Phone # : _____ Work Phone #: _____
Cell Phone # : _____ Email : _____

Signature _____
Date

RECEIPT OF NOTICE OR PRIVACY PRACTICES/WRITTEN ACKNOWLEDGEMENT FORM

I, _____, have received a copy of **Covina Arthritis Clinic’s** Notice of Privacy Practices.

Signature _____
Date

RECORDING OF OFFICE VISITS:

Although there are potential benefits of using electronic devices to free you from taking notes, there are also potential drawbacks of recordings as they undermine the privacy of the visit. Knowing that the conversation is recorded might inhibit the free flow of information between the doctor and patient. Confidentiality of the recording is also raises thorny issues: How is access to the recording going to be protected? How safe are the recording? Could the recording be lost, or inadvertently posted on the Web and “go viral”? **Given these drawbacks, Covina Arthritis Clinic does NOT allow any electronic recordings to ensure patient confidentiality.** If you are found to be secretly recording your office visit, you will be asked to stop, as the state of California requires that BOTH parties agree to the recording to be legal.

In order to assist patients in remembering the context of their medical visits, Covina arthritis provides patients with access to their “**clinical summary**” documents through our **patient portal**, which include a list of medications, physicians’ recommendations and other summary information. Covina arthritis also encourages all patients to **bring a paper and pen to each visit** to take notes to help them remember important information.