

## 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:** \_\_\_\_\_