

Consent to the Use and Disclosure of Health Information

I understand that as part of my care, Neurosurgery Specialists (NSI) maintains records that describe my health history, symptoms, examination, test results, diagnoses, complications, treatment and plans for future care. I understand that NSI may use and/or disclose my health information and/or may request information about me from other providers for the purpose of treatment, payment or healthcare operations.

I hereby consent to the release and/or request of medical and health information about me by NSI for the purpose(s) stated above. This consent relates to records required up to this date and to any medical and health information acquired in the future. This consent shall remain in force until such time that I revoke it in writing and deliver notice of revocation to Neurosurgery Specialists.

I have been advised that the medical and health information that may be released or received could contain records about me that indicate the presence of communicable or venereal disease.

Signature

Date

Financial Agreement

Assignment of insurance benefits is hereby made by the undersigned patient (or patient representative) to Neurosurgery Specialists (NSI). It is understood that the patient or his/her legal representative is financially responsible for payment to NSI of all deductibles, co-payments and charges for services not paid for by health care benefits, plans or entitlements. If any payment is made directly to the patient (or patient representative) for services billed by NSI, I agree to promptly endorse and deliver the payment to NSI. I understand that delinquent accounts will be subject to collection action and **interest will accrue at the rate of 1.5% per month on any balance not paid within 30 days.** I understand I may be charged a fee for failure to cancel an appointment without 24-hour advance notice. I understand my payment responsibilities and will cooperate to facilitate prompt delivery of insurance benefits.

Signature

Date

Acknowledgment of Privacy Notice

A copy of Neurosurgery Specialists (NSI) Privacy Notice is available to me upon request. I acknowledge that a copy of this notice is posted in the waiting room and also on the website at www.nsstulsa.com.

Signature

Date

Disclosure of Physician Ownership

Physicians who were determined to provide their patients with outstanding medical care in a quality environment founded Tulsa Spine and Specialty Hospital. The following physicians of Neurosurgery Specialists have an ownership interest in the Tulsa Spine & Specialty Hospital:

Daniel J. Boedeker, M.D.

Ryan F. Rahhal, M.D.

Signature

Relationship to Patient

Print Name

Date