



CONSENT & PRIVACY

CONSENT FOR MEDICAL TREATMENT

I voluntarily consent to treatment of the Sinai Urgent Care provider on duty and whomever they may designate as their assistant, associate, and patient care staff to provide my care. Such care may include, but is not limited to, diagnostic procedures, radiological evaluations, and the administration of medications considered advisable in my diagnosis, treatment, and course of care. I acknowledge that no guarantee can be made or has been made as to the results of treatments or examinations and I understand that all medical treatments contain inherent risks.

NOTICE OF PRIVACY RIGHTS

I authorize the release of my medical records, information, treatment and advice, and specific health information to:

1. TREATING PHYSICIANS on staff at Sinai Urgent Care and their staff, agents of another healthcare facility if direct transfer to another facility is required, and to my primary care physician or any referred consultants for follow up.
2. AN EMPLOYER who requests services. This may include your personal medical history, physical, laboratory and diagnostic tests, and drug screenings (including the presence of drugs, alcohol or marijuana).
3. INSURANCE COMPANY or other third-party payor and their agents as well as any review organization or government agency for the purpose of determining eligibility and available benefits, obtaining payment for services provided, and insuring government compliance.

I understand that if I refuse to authorize access to my records for coordination of care, my treatment could be adversely affected and that I could be held liable for the full cost of services provided by Sinai Urgent Care. I understand this information may contain my personal medical history, treatments, radiographic and laboratory results, and results about alcohol/drug abuse, mental health, or infectious disease (including human immune-deficiency virus, hepatitis, or other infectious diseases). I understand that I have the right to revoke this authorization.

I acknowledge receipt of this Notice of Privacy Rights with detailed information about how Sinai Urgent Care may use and disclose my protected health information. I understand that Sinai Urgent Care reserves the right to change the privacy notice and that a copy of the revised notice will be made available to me.

AUTHORIZATION TO RELEASE MEDICAL INFORMATION TO OTHER INDIVIDUALS

In accordance with the Health Insurance Portability and Accountability Act of 1996, for the staff of Sinai Urgent Care to give copies of and/or discuss your condition/exams/procedures/x-rays or financial information with members of your family or other individuals that you designate, we must obtain your authorization prior to doing so. In the event of a critical episode or if you are unable to give your authorization due to the severity of your medical condition, the law stipulates that these rules may be waived.

I authorize Sinai Urgent Care to release all information (including verbal information, copies of x-rays and medical paperwork) concerning my medical care and financial information to the individual designated as my emergency contact at the time of registration.

Signature of Patient or
Parent/Guardian: _____

Date: _____