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Consent, Assignment and Release

Consent for Treatment: I authorize my physician and/or staff to conduct any diagnostic examinations, test or procedures and to provide any medications, treatment or therapy necessary to effectively assess and maintain my health. I understand that it is the responsibility of my healthcare providers to explain the reasons for any particular diagnostic examination, test or procedure. I understand that it is the responsibility of my healthcare providers to explain any benefits, as well as any risks associated with any course of treatment.

Right to Refuse Treatment: In giving my general consent for treatment, I understand that I retain the right to refuse any particular examination, test, procedure, treatment or medication recommended or deemed medically necessary by my healthcare providers.

Assignment of Benefits and Info Release: I authorize my insurance benefits to be paid directly to my physician. I understand that I am financially responsible for any balance. I also authorize my physician and/or insurance company to make referrals on my behalf and share relevant clinical or demographic information required to process my claims as outlined in the *Notice of Privacy Practices*.

Medication Release: I consent to have my insurance company release my prescription medication history to my physician and to the submission of electronic prescriptions to my pharmacy.

Consent to Call: I authorize my provider's office to contact me by telephone to remind me of my appointments and/or outstanding balances.

X

Printed Name of Patient or Guardian

X

Signature of Patient or Guardian

X

Date

