

SOUTHSIDE OB-GYN, P.C.

10025 Ford Avenue, Suite 3-A
Richmond Hill, Georgia 31324
(912) 756-3404

4750 Waters Avenue, Suite 450
Savannah, Georgia 31404
(912) 355-9303

Release of Information and Assignments of Benefits Declaration

I authorize examination and medical treatment to the above named patient. I hereby authorize all insurance benefits to be assigned to my physician. I hereby authorize the release of any medical information acquired in the course of my exam or treatment for continuity of care. I understand that I am ultimately responsible for the bill incurred by the above named patient in the event the insurance company fails to pay.

Patient (Guardian) Signature: _____ Date: _____

Health Information and Notice of Privacy Practices

As required by the Health Insurance Portability and Accountability Act of 1996 ("HIPPA"), I understand my Patient Health Information is confidential and I have the right to privacy, therefore I must sign the following release for treatment, payment, and healthcare operations.

I hereby authorize my medical information to be used/disclosed for treatment, payment or healthcare operations. I understand that I have the right to restrict and/or revoke this authorization at any time.

I do not want my Patient Health Information sent to the following entities: _____

I hereby authorize you to release any of my Patient Health Information to the following individual:

Name: _____ Relationship: _____ DOB: _____

I have been offered a copy of Southside OB-Gyn, P.C.'s Notice of Privacy Practices.

Patient (Guardian) Signature: _____ Date: _____

Minor Consent For Treatment

I, _____ do consent for my evaluation and all test results to be disclosed to my parents or custodial guardian. This consent includes but is not limited to disclosure of alcoholism, drug abuse, behavioral health, sexually transmitted diseases, HIV results and abortion.

I have read and understand the above consent on _____

Date

Patient Name, Printed

Parent or Guardian Name, Printed

Patient Signature

Parent or Guardian Signature

Witness