

New Horizons Obstetrics and Gynecology Benefit Clause

HIPAA NOTICE OF PRIVACY PRACTICES

I have read the above notice of privacy practices and authorize New Horizons Obstetrics and Gynecology to disclose the identified information to the persons and for the purpose described herein. I understand that by signing this document I release New Horizons Obstetrics and Gynecology from any liability and will hold New Horizons Obstetrics & Gynecology harmless for any release made pursuant to this authorization.

Date: _____

Signature: _____

INSURANCE AUTHORIZATION AND ASSIGNMENT

I hereby authorize New Horizons OB/GYN to release to my insurance carrier information concerning any treatment of my physical or emotional health in order for claims to be paid. I understand that records relating to drug, alcohol abuse, HIV testing or mental health may be released if pertinent to the claim. New Horizons OB/GYN may rely on this release in providing to any insurance carrier that information. If I wish to withdraw this authorization, I understand that I must do it in writing to New Horizons OB/GYN, and that such revocation of this release will only be in effect after New Horizons OB/GYN has received my revocation in writing. I further understand that if I refuse to allow New Horizons OB/GYN to release necessary information to my insurance carrier, I am assuming full responsibility for all bills incurred on my behalf with New Horizons OB/GYN.

Date: _____

Signature: _____

TELEPHONE CONSUMER PROTECTION ACT

I hereby authorize New Horizons OB/GYN its service providers and their successors, assigns, affiliates or agents to contact me at any telephone or cellular number that I have provided in the past, present or future. I understand a contact to any cellular number(s) that I have provided may result in charges to me. I agree to methods of contact that may include using pre-recorded or artificial voice messages, text messages and/or an automatic telephone dialing system(s). I also understand this prior written express consent is not a condition of purchasing service. To opt out of this consent, I understand that it is my responsibility to send written notification to New Horizons OB/Gyn, 305 W Jackson, Suite 100, Carbondale, IL 62901.

Date: _____

Signature: _____