Jose C. Cortez, MD, FAAP
George M. Seremetis, MD, FAAP, FACS
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Amanda Hodge, RN, CPNP
Jillian Moser, PA-C
Kristen Malone, PA-C

CHILDREN'S UROLOGY

CHILDREN'S UROLOGY
1301 Barbara Jordan Blvd Suite 302
Austin, TX 78723
PHONE (512) 472-6134
FAX (512) 472-2928
AFTER HOURS (512) 406-3112
childrensurology.com

Client Acknowledgement Statement

PATIENT NAME:_____ **PATIENT DATE OF BIRTH:** _____

I, _____, understand that, in the opinion of our Providers, the services or items that I have requested to be provided to me at Children's Urology may not be covered under my insurance as being reasonable and medically necessary for my care. I understand the health-insuring agent determines the medical necessity of the services or items I request and receive. I also understand I am responsible for payment of the services or items I request and receive if these services or items are determined not to be reasonable and medically necessary for my care.

Example: Urine analysis, Urine bowl, Injections (HCG, Lidocaine, etc.), and Emla cream (numbing agent)

I understand lab work on _____ is being sent to a reference lab. Children's Urology will provide to the reference lab the insurance information necessary to submit a claim. Any charges incurred are my responsibility to pay.

ACKNOWLEDGEMENT OF REVIEW OF NOTICE OF PRIVACY PRACTICES

I have reviewed this office's Notice of Privacy Practices, which explains how my medical information will be used and disclosed. I understand that I am entitled to receive a copy of this document.

PATIENT RECORD OF DISCLOSURES

In general, the HIPAA privacy rule gives individuals the right to request a restriction on the uses and disclosures of their protected health information (PHI). The individual is also provided the right to request confidential communications or that a communication of PHI is made by alternative means, such as sending correspondence to the individual's office instead of the individual's home.

I WISH TO BE CONTACTED IN THE FOLLOWING MANNER (CHECK ALL THAT APPLY):

❑ **HOME TELEPHONE**
- ❑ OK to leave message with detailed information
- ❑ Leave message with call-back number only

❑ **WORK TELEPHONE**
- ❑ OK to leave message with detailed information
- ❑ Leave message with call-back number only

❑ **MOBILE TELEPHONE**
- ❑ OK to leave message with detailed information
- ❑ Leave message with call-back number only

❑ **WRITTEN COMMUNICATION**
- ❑ OK to mail to home address

❑ **OTHER** _____

IMPORTANT: These instructions will remain in effect for one year from the date of signature. Changes may be made, in writing, to our office. Please allow for sufficient processing time.

_____ _____

SIGNATURE OF PARENT/PERSONAL REPRESENTATIVE **DATE**

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