



Patient Name
MRN
Label

THE AUSTIN DIAGNOSTIC CLINIC ASSOCIATION

CONSENT TO TREATMENT AND ACKNOWLEDGMENT OF FINANCIAL RESPONSIBILITY

Thank you for choosing The Austin Diagnostic Clinic Association for your health care needs. Please carefully review our consent to treat and financial policy. A patient account service representative in our business office is available to answer any questions Monday-Friday from 8:00AM-5:00PM. They can be reached at (512) 901-4600.

CONSENT FOR TREATMENT

- I understand that by signing this consent, I am authorizing The Austin Diagnostic Clinic Association to treat me for as long as I seek their care, or until I withdraw my consent in writing.
- I understand that I have the right to refuse any proposed treatment. I understand the practice of medicine is not an exact science, and that there are risks and benefits associated with receiving medical treatment.
- I acknowledge and agree that no guarantees are made to me concerning the result and outcomes of the medical examination and treatment rendered by the physicians and professional staff of the Clinic.
- I consent to the provision of medical care by the health care providers of The Austin Diagnostic Clinic Association and such assistants as they deem necessary, including routine diagnostic procedures, laboratory procedures, and examinations.
- Advance Practice Nurse (APRN)/Physician Assistant (PA). The facility has on staff advance practice nurses as well as physician assistants to assist in the delivery of medical care. Neither an APRN nor a PA is a doctor. A physician assistant is a graduate of a certified training program and is licensed by the state board. Under the supervision of a physician, a physician assistant can diagnose, treat and monitor common acute and chronic diseases as well as provide health maintenance care. An advance practice nurse is a registered nurse who has received advanced education and training in the provision of health care. An advance practice nurse can diagnose, treat, and monitor common acute and chronic diseases as well as provide health maintenance care.

NO SHOW/CANCELLATION POLICY

- We understand that unexpected schedule conflicts can arise; however, it is important that you notify us at least 24 hours in advance if you need to cancel your appointment. Our appointments are filled far in advance, and your cancellation call is very important to help us meet the needs of all our patients.



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STATEMENT OF FINANCIAL RESPONSIBILITY/ASSIGNMENT OF BENEFITS

- I acknowledge that I am legally responsible for all charges in connection with the medical care and treatment provided by representatives of The Austin Diagnostic Clinic Association.
- I assign and authorize payments to The Austin Diagnostic Clinic Association. I understand my insurance carrier may not approve or reimburse my medical services in full due to, benefit exclusions, coverage limits, lack of authorization, or medical necessity.
- I understand I am responsible for fees not paid in full, co-payments and policy deductibles and coinsurance except where my liability is limited by contract or State or Federal law. While we may estimate your financial responsibility, it is your insurance company that makes the final determination regarding your eligibility and benefits. It is your responsibility to know the benefits and limitations of your current health care coverage. The Clinician is not responsible for knowing your specific plan’s benefit or coverage limitations and the Clinic will provide medically necessary care based upon patient needs, not a patient’s insurance coverage.

CONSENT TO ELECTRONIC HEALTH INFORMATION EXCHANGE

I acknowledge and consent to allow my health information to be securely transmitted and received electronically as permitted under the Health Information Portability and Accountability Act (HIPAA) for the purpose of treatment, payment, and operations. This electronic exchange may include but is not limited to referrals; ordering of tests and treatments; collection of past medical history; prescriptions and prescription history.

RECEIPT OF NOTICE OF INFORMATION PRIVACY PRACTICES

I have received The Austin Diagnostic Clinic’s Notice of Information Privacy Practices.

Signature of Patient or Patient’s Legal Representative Date Witness

Printed Name of Patient or Patient’s Legal Representative

The Austin Diagnostic Clinic Association complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-512-901-4537

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-512-901-4537