

	1325 S. Cliff Ave. P.O. Box 5045 Sioux Falls, SD 57117-5045 605-322-8000
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HIPAA Acknowledgment

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information (PHI) about you. As stated in our notice, the terms of the notice may change. If we change our notice, you may obtain a revised copy by contacting the Privacy Office at Avera McKennan.

By signing this form, you acknowledge that you have received a copy of our Notice of Privacy Practices dated March 1, 2017.

Communication with Family and Friends

Avera McKennan d/b/a Avera Medical Group Gastroenterology Sioux Falls (hereinafter referred to as AMG Gastroenterology) may share medical and /or billing information with the following individuals who are involved with the patient's care:

Release to: _____ Relationship: _____

Release to: _____ Relationship: _____

Assignment of Insurance Benefits

I hereby assign all payments for medical/surgical services rendered by AMG Gastroenterology physicians including Medicare, private insurance, and other healthcare coverage to AMG Gastroenterology. This assignment will remain in effect until revoked by me in writing. A photocopy of the assignment is to be considered as valid as an original. I understand that I am financially responsible for all charges, including any amount not covered by my insurance company. I authorize AMG Gastroenterology to furnish medical information necessary to process insurance claims for me or my covered dependents.

Consent to Treatment

I consent to treatment from AMG Gastroenterology.

Date of Birth

Time

Date

Patient, Parent or Legal Representative Signature/Relationship to Patient