



Patient Name: Last First Name M.I.	Date of Birth
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General Consent to Treatment

I consent to evaluation and treatment of the condition(s) for which I, or my dependent, have come to VeinCare Experts and authorize the physicians and staff of VeinCare Experts to provide such care. I understand that it is the responsibility of my treating health care providers to explain to me the nature of the proposed care. Before I undergo particular procedures, my providers will explain the purpose of the procedure, alternatives, indications, risks, benefits, and potential complications, including possible outcome of choosing to forego treatment. I understand and acknowledge that no guarantees have been made to me regarding likelihood of success or treatment outcomes.

In giving my general consent to treatment, I understand that I retain the right to refuse any particular examination, test, procedure, treatment, medication, or any other recommended care.

Signature of Patient or Authorized Representative	Date
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Use and Disclosure of Health Information

I understand that VeinCare Experts will use and disclose my protected health information (PHI) for the purposes of treatment, payment, and healthcare operations, as permitted by law, and in accordance with VeinCare Experts Notice of Privacy Practices. I give VeinCare Experts, its employees and agents, consent to exchange information with other healthcare providers to facilitate my care.

I acknowledge that I have read and/or received a copy of VeinCare Experts Notice of Privacy Practices.

Signature of Patient or Authorized Representative	Date
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Financial Responsibility for Payment and/or Assignment of Benefits

I understand that I am responsible for payment for services rendered by VeinCare experts. I have received, read, and understand and agree to the Financial Policy of VeinCare Experts. I further authorize VeinCare Experts to collect directly from my insurance company for services rendered.

Signature of Patient or Authorized Representative	Date
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Communications

I agree to allow VeinCare Experts to communicate with the following individuals regarding my health information for the purposes of appointment reminders, payment, or medical care.

Name	Phone	Relationship to Patient
Signature of Patient or Authorized Representative		Date

DEFINITIONS

“Health care operations” refers to a large number of activities, including:

1. Conducting quality assessment and improvement activities, including outcome evaluation and development of clinical guidelines, provided that the obtaining of generalizable knowledge is not the primary purpose of any studies resulting from such activities; patient safety activities (as defined in 42 C.F.R. 3.20) population-based activities relating to improving health or reducing health care costs, protocol development, case management and care coordination, contacting of health care providers and patients with information about treatment alternatives; and related functions that do not include treatment;
2. Reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance, health plan performance, conducting training programs in which students, trainees, or practitioners in areas of health care learn under supervision to practice or improve their skills as health care providers, training of non-health care professionals, accreditation, certification, licensing, or credentialing activities;
3. Except as prohibited under 45 C.F.R. 164.502(a)(5) (i), underwriting, enrollment, premium rating, and other activities related to creation, renewal or replacement of a contract of health insurance or health benefits, and ceding, securing, or placing a contract for reinsurance of risk relating to claims for health care (including stop-loss insurance and excess of loss insurance);
4. Conducting or arranging for medical review, legal services, and auditing functions, including fraud and abuse detection and compliance programs;
5. Business planning and development, such as conducting cost management and planning-related analyses related to managing and operating the entity, including formulary development and administration, development or improvement of methods of payment or coverage policies; and
6. Business management and general administrative activities including but not limited to: (a) management activities relating to HIPAA privacy rule compliance; (b) customer services, including the provision of data analyses for policy holders, plan sponsors, or other customers, provided that protected health information is not disclosed to such policy holder, plan sponsor, or customer; (c) resolution of internal grievances; (d) due diligence in connection with the sale or transfer of assets to a potential successor in interest, if the potential successor in interest is a covered entity or, following completion of the sale or transfer, will become a covered entity; and (e) creating de-identified health information, fundraising for the benefit of the covered entity, and marketing for which an individual authorization is not required.

“Payment” means the activities undertaken by the physician to obtain reimbursement for the provision of health care. These activities referred to in this definition relate to the individual to whom health care is provided and include, but are not limited to:

1. Determination of eligibility coverage (including coordination of benefits or the determination of cost sharing amounts), and adjudication or subrogation of health benefit claims;
2. Billing, claims management, collection activities, obtaining payment under a contract for reinsurance, and related health care data processing;
3. Review of health care services with respect to medical necessity, coverage under a health plan, appropriateness of care, or justification of charges;
4. Utilization review activities, including precertification and preauthorization of services, concurrent and retrospective review of services; and
5. Disclosure to consumer reporting agencies of any of the following information relating to reimbursement: name and address, date of birth, Social Security number, payment history, account number, and name and address of the physician.

“Treatment” means the provision, coordination, or management of health care and related services by one or more health care providers, including the coordination or management of health care by a health care provider with a third party; consultation between health care providers relating to a patient; or the referral of a patient for health care from one health care provider or another.

“Use” means the sharing, employment, application, utilization, examination, or analysis of patient information within the physician’s practice that maintains such information.