

Assignment of Benefits,
Authorization for Release of Information,
and Consent

1) Assignment of Benefits: I hereby direct my insurance carrier(s) or attorney to pay by check made and mailed directly to:

Post Clinic of Chiropractic, PC, 4141 NW Expwy Ste 180, Oklahoma City, OK 73116

2) I also understand that I am personally responsible and agree to pay, in a current manner, any balance due after payment or non-payment by my insurance carrier(s) or attorney.

3) Authorization for Release of Information: I hereby authorize the release of any pertinent information to any doctor, insurance company, adjuster, or attorney involved in this claim.

4) A photocopy of this "Assignment of Benefits" and "Authorization for Release of Information" shall be considered as effective and valid as the original.

5) Consent: I give permission to the doctor and his staff to administer treatment and perform such procedures as deemed necessary in the diagnosis and treatment of named patient.

Patient/Guardian Signature _____

Sign Here!



I have read and agree to the above statements

**Patient Acknowledgement and Receipt of
Notice of Privacy Practices Pursuant to HIPAA and Consent
For Use of Health Information**

Name _____
Print Patient's Name

Date _____

The undersigned does hereby acknowledge that he or she has received a copy of this office's Notice of Privacy Practices pursuant to HIPAA and has been advised that a full copy of this office's HIPAA Compliance Manual and the **Notice of Patients Rights and Privacy Protections under Federal Privacy Laws** (also available on our website) is available upon request.

The undersign does hereby consent to use of his or her health information in a manner consistent with the Notice of Privacy Practices Pursuant to HIPAA, the HIPAA Compliance Manuel, State Law and Federal Law.

Dated this ____ day of _____, 20____

Patient's Signature



If patient is a minor or under a guardianship order as defined by State Law:

Sign Here!

By _____
Signature of Parent/Guardian (circle one)