GENERAL CONSENT FORM FOR MIDTOWN LOCATION

Patient Name: _____________________________________ **Date of Birth:** ______/______/______

Welcome! Thank you for selecting us as your primary care provider. Our goal is to provide exceptional medical care. We appreciate your confidence in our skills and qualifications. We take a team approach to health care, engaging professionals in multiple disciplines to provide the best care possible, all under the supervision of your primary care physician. This means that, depending on the situation, your physician may request that you see a Nurse Practitioner, Physician Assistant, Pharmacist, or other members of our health care team, all of whom are licensed and qualified to help you manage your health. As a team we work closely with one another and have found that this approach leads to better overall wellbeing. Our office is open Monday through Friday from 8:00am – 5:00pm with lunch taken from 12:30pm – 1:30pm.

NEW PATIENT APPOINTMENTS: New patients should arrive 30 minutes early to their appointment to allow adequate time for check in, insurance verification, and paperwork processing. New patients who arrive past their appointment time will be rescheduled. If you fail to arrive early to your new patient appointment and your paperwork is not complete you may be asked to reschedule. At your first appointment please bring proof of identification, insurance cards, completed paperwork, and an accurate list of your medications or the medications in their original bottles.

EMERGENCIES/URGENT NEEDS: If you have an emergency, always call 911. If you have an urgent need or concern, there is always a doctor on call and available by calling our main office number and following the prompts. We ask that you restrict your after-hours calls to urgent situations only.

PRESCRIPTION REFILLS: Refills are issued during regular business hours. When you need a refill please contact your pharmacy, not the office, so they can send us the request as this is the most efficient process for both our office and the pharmacy. For controlled substance prescriptions (i.e., some medications for ADD, anxiety or chronic pain) please allow 48 hours as these require more time to process.

PRIMARY CARE PHYSICIAN: If your insurance company requires that you select a primary care provider, you must select a Health-e-Care physician prior to your appointment or you may be asked to reschedule.

NOTICE OF PRIVACY PRACTICES

I have had the opportunity to review the Notice of Privacy Practices for Health-e-Care, which explains how my medical information will be used and disclosed. Our privacy officer, ***Noraa Mercado***, can answer any additional questions you may have. I understand that I am entitled to receive a copy of this document.

I acknowledge that I have read or been advised to read the 'Notice of Privacy Practices'

Patient Initials: ___________

INVOLVEMENT OF OTHERS IN CARE: I authorize Health-e-Care to discuss my/the patient's care and medical needs with the following persons:

Name	Date of Birth (for identification)	Relationship	Phone

May we contact you by phone and leave a message about your care?

Primary Phone #: _________________________ Secondary Phone #: ____________________________

☐ Leave message with contact number only
☐ Leave message with detailed information
☐ Do not leave message

☐ Leave message with contact number only
☐ Leave message with detailed information
☐ Do not leave message

CONSENT FOR TREATMENT: I consent for Health-e-Care to administer treatments, tests, and/or diagnostic tests to treat my/the patient's injury/illness on an outpatient basis. I acknowledge there is no guarantee as to the outcome of any treatment I/the patient receives.

Patient Initials: ___________

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Print Name of Patient or Personal Representative

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Signature of Patient or Personal Representative