Life Choices Medical Clinic dba The Source, 3234 Northwestern Drive, San Antonio, TX 78238 (210) 543-7200

General Consent for Treatment, Billing and Notice of Privacy Practices

1. CONSENT: I request and authorize healthcare services by ***Life Choices Medical Clinic dba The Source*** (Physician, Nurse Practitioner or Physicians Assistant), and his/her designees as may deem advisable. This may include electronic interfacing, routine diagnostic, radiology and laboratory procedures, medication treatment and trained counselors.
2. RELEASE OF INFORMATION: I understand that the confidentiality of all medical records will be protected according to the Health Insurance Portability & Accountability Act (HIPAA). I authorize ***Life Choices Medical Clinic dba The Source*** to release only pertinent information from my medical record to:
    a. Payors, organizations or insurance companies which are responsible, in whole or in part, for obtaining insurance benefits for me, for billing and/or paying my bill, and for filing appeals of denial of benefits, so that the medical provider may be paid for services provided to me.
    b. Independent auditors or review agencies retained by any third-party payors and insurers to analyze the charges for services rendered to me.
    c. The Source Texas for data analysis for contracts with local, state and grantor agencies.
    d. I understand that I have the right to request restrictions on how my protected health information is used or disclosed for treatment, payment, or healthcare operations. My medical providers are not required to agree to this restriction, but if they agree, they will be bound by the agreement.
3. PAYMENT: I assign and authorize payment, for any and all services rendered, directly to ***Life Choices Medical Clinic dba The Source*** from my insurance company or third party payor including but not limited to, Medicare, Medicaid, & commercial health insurance plans. In consideration of the professional services provided or to be provided to me, I agree to pay any charges not covered by my insurance or on the sliding fee schedule. Payment agreements may be authorized by the Clinic Director.
4. NOTICE OF PRIVACY PRACTICES: ***Life Choices Medical Clinic dba The Source*** has provided information about how protected health information about the patient, including information on Human Immunodeficiency Virus (HIV), AIDS Related Complex (ARC); and Acquired Immunodeficiency Syndrome (AIDS); and including substance abuse treatment records protected under the regulation ins Code 42 of Federal Regulations, Part 2, if any; and psychological and social services records, including communications made to me by a social worker or psychologist (if any) maybe used and disclosed. I have been offered an opportunity to review the NOTICE OF PRIVACY PRACTICES before signing this form. I understand the terms of the notice may change and that I may obtain a revised copy by requesting it on site at ***Life Choices Medical Clinic dba The Source***. By signing this form, I acknowledge that I have been offered and/or received the NOTICE OF PRIVACY PRACTICES of ***Life Choices Medical Clinic dba The Source.***
5. As a Non-Profit organization, ***Life Choices Medical Clinic dba The Source,*** utilizes medical, professional and peer volunteers for many of the services offered. I understand that legal action cannot be taken against any volunteer who renders services at ***Life Choices Medical Clinic dba The Source.***
6. It is the policy of ***Life Choices Medical Clinic dba The Source*** to report all positive sexually transmitted infections required by the State of Texas and applicable counties to the Texas State Department of Health or appropriate county entity that is specified in the Health & Human Services Code. Results are given in person, via the secure patient portal, or after verified identity requested by appropriate licensed professionals.

I have read the consent form or it has been read to me & I am satisfied that I understand its contents. My questions have been answered to my satisfaction.

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Printed Name Signature Date

REVISED & UPDATED: NOVEMBER 2020