



**Women's Health
Center of Reno**
GYNECOLOGY | INFERTILITY | OBSTETRICS | UROGYNECOLOGY

HIPAA and RELEASE OF INFORMATION

ASSIGNMENT AND RELEASE INSURANCE

I hereby authorize my insurance benefits be paid directly to the physician and I am financially responsible for non-covered services. I also authorize the physician to release any information required in the processing of this claim and all future claims. I understand that the physician has a right to change their privacy practices and that I may obtain any revised notices at the clinic. If my account is sent to a collection agency, I agree to pay all collection and attorney fees.

PATIENT FINANCIAL POLICY

By signing below, I acknowledge that I have received, reviewed, understand, and will comply with the policies explained in the Reno Tahoe Women's Health Patient Financial; Policy Form. There is a detailed form available upon request.

This Authorization will remain in effect for one year or until I provide a written notice of revocation to the Medical Record Department.

I understand that:

- once "this facility" discloses my health information by my request, it cannot guarantee that Recipient will not re-disclose my health information to a third party. The third party may not be required to abide by this Authorization or applicable federal and state laws governing the use and disclosure of my health information.
- I may make a request in writing at any time to inspect and/or obtain a copy of my health information maintained at this facility as provided in the Federal Privacy Rule 45 CFR (164.524).
- my records are protected and cannot be disclosed without written permission
- this Authorization will remain in effect for one year or I provide a written notice of revocation to the Medical Record Department.

SIGNATURE OF PATIENT OR LEGAL REPRESENTATIVE	DATE
IF SIGNED BY LEGAL REPRESENTATIVE, RELATIONSHIP TO PATIENT	SIGNATURE OF WITNESS (Optional)