CUCAMONGA VALLEY™
MEDICAL GROUP

Financial Responsibilities for Outside Services

You may receive a bill from a specialist office or laboratory if any tests or examinations are sent out or conducted outside of this office. Please be advised that any office visits, laboratory fees, and / or bills that you may receive are your responsibility.

If your insurance does not cover particular laboratory tests, examinations, or requires that you use a specific laboratory or physician(s), for such procedures, it is your responsibility to inform this office. Please contact your insurance carrier if you do not know what is covered by your policy.

Please sign below to acknowledge receipt of this notice.

PLEASE PRINT PATIENT'S FIRST AND LAST NAME

DATE OF BIRTH

SIGNATURE OF PATIENT (PARENT OR GUARDIAN IF PATIENT IS A MINOR)

DATE

Acknowledgement of Receipt of Notice of Privacy Practices (NOPP)

YOU MAY REFUSE TO SIGN THIS ACKNOWLEDGMENT AND AUTHORIZATION. IN REFUSING WE **MAY NOT BE ALLOWED** TO PROCESS YOUR INSURANCE CLAIMS.

DATE OF RECEIPT

The undersigned acknowledges receipt of a copy of the currently effective Notice of Privacy Practices for this healthcare facility. A copy of this signed, dated document shall be as effective as the original. **MY SIGNATURE WILL ALSO SERVE AS A PHI DOCUMENT RELEASE SHOULD I REQUEST TREATMENT OR RADIOGRAPHS BE SENT TO OTHER ATTENDING DOCTORS / FACILITIES IN THE FUTURE.**

PLEASE PRINT PATIENT'S FIRST AND LAST NAME

SIGNATURE OF PATIENT (PARENT OR GUARDIAN IF PATIENT IS A MINOR)

LEGAL REPRESENTATIVE

DESCRIPTION OF AUTHORITY

YOUR COMMENTS REGARDING ACKNOWLEDGEMENTS OR CONSENTS

I approve being contacted about special services, events, fund raising efforts or new health information on behalf of this healthcare facility via:

☐ Phone Message ☐ Text Message ☐ Email ☐ Any of the Above ☐ None of the Above (Opt Out)

In signing this HIPAA Patient Acknowledgement Form, you acknowledge and authorize that this office may recommend products or services to promote your improved health. This office may or may not receive third party remuneration from these affiliated companies. We, under current HIPAA Omnibus Rule, provide you this information with your knowledge and consent.