Patient Name: _____ Date of Birth: _____

Mailing Address: _____ Marital Status: S M W D

City: _____ State: _____ Zip: _____

Phone #: _____ Cell Phone: _____ SS #: _____

Employer: _____ Phone: _____

Primary Insurance: _____ Secondary: _____

Policy Holder: _____ DOB: _____ SS#: _____

Auto Accident: Y N **Date of Accident**: _____ **Attorney Name**: _____

Auto Insurance Name and address: _____

Adjuster Name: _____ **Phone #**: _____ **Claim #**: _____

**********Guarantor Information**********

Name: _____ DOB: _____ SS#: _____

Address: _____ Phone: _____

Relationship to patient: _____

****

PURSUANT TO AND AS REQUIRED BY THE PRIVACY REGULATIONS CREATED DUE TO HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA).

With my consent, Zephyrhills Diagnostic Imaging; may use and disclose *Protected Health Information* (PHI) about me to carry out *Treatment, Payment* and H*ealthcare Operations* (TPO). A complete Notice of Privacy is posted for a complete description of such uses and disclosures. I have the right to review the Notice of Privacy Practices at any time. A copy of a revised notice can be obtained at any time by forwarding a written request to this office.

By signing this form, I am consenting to West Hernando Diagnostics Center for the use and disclosure of my PHI to carry out TPO. I may revoke or restrict my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this consent, West Hernando Diagnostics Center will decline to provide treatment to me as they will be unable to carry out treatment, payment and healthcare operations without my consent.

I authorize West Hernando Diagnostics Center to release information about my appointments, billing and/or financial information, and medical information to the following individuals:

Circle all that apply and list names.

Spouse Parents Children Legal Guardian Grandparents Other: _____

_____

SIGNATURE OF PATIENT OR LEGAL GUARDIAN: _____

DATE: _____

3315 Commercial Way, Spring Hill, FL 34606 Phone: 352-688-5860 Fax: 352-688-1892