

Chia Chia Cheng, LLC (CCC)
Consents, Releases, and Agreements

Patient Name _____

Notice of Use and Disclosures of Protected Health Information

I acknowledge that I have been provided with CCC's Notice of Privacy Practices. The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that may occur in my treatment, payment of bills, or in the performance of health care operations of CCC, as well as my individual rights and the duties of CCC with respect to my protected health information.

I understand that Chia Chia Cheng, LLC may use or disclose my protected health information to diagnose or provide treatment for me, to obtain payment for health care expenses, or to conduct health care operations. "Protected health information" includes information created, maintained, or received by CCC that identifies me, or from which my identity could be determined, and which relates to my past, present or future physical or mental health, condition, treatment, or payments for medical services.

CCC reserves the right to change the privacy practices that are described in its Notice of Privacy Practices. CCC will post any revised Notice of Privacy Practices in its office. In additions, I may obtain a revised Notice of Privacy Practices by contacting CCC and requesting a revised copy be sent in the mail or asking for one at the time of my next appointment.

Patient Signature _____ Date / /

Financial Agreement and Assignment of Benefits:

I authorize payment directly to CCC of all benefits otherwise payable by any insurance policy(s) and I hereby irrevocably assign such benefits to CCC in an amount not to exceed the charges for services rendered.

I agree to be financially responsible for the balance left after processing by my insurance. If not covered by insurance, I agree to be financially responsible for services rendered. If I am unable to pay in full, I understand that a payment plan may be established.

Patient Signature _____ Date / /