

Authorizations and Release

Patient Name _____ Date of Birth _____

Insurance Assignment & Release

I instruct my insurance company to make checks payable to Colon & Rectal Surgery Associates of Nashville. This is a direct assignment of my rights and benefits under this policy. I also authorize the release of any information pertinent to my case to any insurance company, adjuster doctor or attorney involved in this case. I also understand that I am financially responsible for all charges incurred.

Signature _____ Date _____

Procedure Authorization

I do hereby authorize the doctors of Colon & Rectal Surgery Associates of Nashville to perform any necessary procedures which are deemed advisable by the doctor.

Signature _____ Date _____

Notice of Privacy Practices Acknowledgement

I have received, read and understand your notice of privacy practices containing a description of the uses and disclosures of my health information. I understand that this organization has the right to change its notice of privacy practices from time to time and that I may contact this organization at any time to obtain a current copy.

Signature _____ Date _____

Authorization for RX Consent

I do hereby authorize the doctors of Colon & Rectal Surgery Associates of Nashville to perform a RX history check through Electronic Medical Records in order to maintain an update medical record.

Signature _____ Date _____