

Ownership Disclosure

Both State and Federal law require your physician to disclose his/her ownership or financial interest in any healthcare facility or entity to which you may be referred. Drs. Alldredge, Montgomery & Alldredge have an ownership interest in Lafayette Surgical Specialty Hospital, L.L.C, and Lourdes Imaging Development, L.L.C.

Privacy Policy

Acadiana Otolaryngology Head & Neck Surgery zealously guards your privacy and adheres to the Health Information Portability and Accountability Act or HIPAA. You will receive a copy of our Notice of Privacy Practices today. Please ask for your copy at the checkout counter.

Consent to Release Information

I authorize Acadiana Otolaryngology Head & Neck Surgery, L.L.C to release medical information and supporting documentation contained in my medical records maintained in this office to any entity that may be financially responsible for payment of expenses related to my treatment, including my insurer, health plan, Medicaid, Medicare, Medicare carriers, the Health Care Financing Administration and any external professional review organization acting on their behalf, for the purpose of administering benefits under such plans. If my treatment is work-related, I authorize Acadiana Otolaryngology Head & Neck Surgery, L.L.C to release medical information regarding such treatment to my employer and/or its designee. I authorize Acadiana Otolaryngology Head & Neck Surgery, L.L.C to release medical records to the applicable above-listed entities that may require medical record review pursuant to a quality improvement program. I hereby consent to Acadiana Otolaryngology Head & Neck Surgery, L.L.C. using any of my protected health information for any treatment, payment, or healthcare operation activity, as described in the Notice of Privacy Practices, a copy of which I acknowledge receiving today.

This authorization specifically includes the release of medical information concerning substance use or abuse, nervous and mental disorders and infectious diseases.

I authorize Acadiana Otolaryngology Head & Neck Surgery, L.L.C to release medical records and reports to any health care provider participating in the care rendered by Acadiana Otolaryngology Head & Neck Surgery, L.L.C, or any future medical care including but not limited to referring or consulting physicians, hospitals, ambulance services or home health providers. I also authorize any other physician or other health care provider, laboratory, hospital, imaging Center or other provider to release to Acadiana Otolaryngology Head & Neck Surgery, L.L.C all medical records, reports, scans and X-rays necessary for my care.

I CERTIFY THAT I HAVE READ THE FOREGOING FINANCIAL POLICY AGREEMENT, OWNERSHIP DISCLOSURE AND CONSENT TO RELEASE INFORMATION AND THAT I UNDERSTAND THE PROVISIONS THEREIN. I ACKNOWLEDGE RECEIPT OF NOTICE OF PRIVACY PRACTICES.

Name of Patient (Please print)

Date

Signature of Patient (18 and Older)

Signature of Financially Responsible Party

Witness

Relationship to Patient

Confidential Channel Communication Request

May we discuss your Personal Health Information with anyone else? If so, please list their name and phone # below:

Spouse _____

Parent _____

Children _____

Other _____

Patient or Responsible Person Signature: _____

Date _____

*The Affordable Care Act (ObamaCare) requires that we record this information.