Pediatrics at Oyster Point Privacy Rights

1. **On my own behalf and on behalf of my spouse and minor children, including stepchildren ("my family"), I hereby authorize treatment by Pediatrics at Oyster Point, PLLC and affiliated medical staff members.**

2. **I accept responsibility and guarantee payment for all services rendered to me and my family and upon default on any payment due Pediatrics at Oyster Point, PLLC, I agree to pay all cost of collections including collection agency fees up to 33 1/3 percent or an attorney's fee up to 33 1/2 percent plus a returned check fee should a check be returned for any reason.**

3. **I hereby authorize the release of any and all medical and/or charge information as is necessary for third party reimbursement and/or any other agency involved in this payment of my treatment.**

   I also direct and assign payment from third parties to Pediatrics at Oyster Point, PLLC. I understand that my insurance policy is a contract between me and my insurance company and that I am responsible to Pediatrics at Oyster Point, PLLC for any charges not covered by insurance. If payment from my insurance is not received within 60 days, my account will become due and payable by me. Any balance remaining on the account after insurance pays will be due upon receipt of my statement. Charges not billed to my insurance carrier are due immediately.

4. **The possibility exists (during treatment) for healthcare workers to become directly exposed to a patient's blood or body fluids. In the event of such exposure, State law requires a sample of the patient's blood to be tested for the presence of infectious disease. The results of these tests will be released to the patient or legal guardian and to the healthcare workers who suffered the exposure, to which I consent.**

5. **The assignments, obligations and authorizations set forth in this statement and the Insurance Assignment shall be binding upon me both for the present treatment and treatment that may be rendered to me and my family in the future of Pediatrics at Oyster Point, PLLC.**

6. **Billing inquiries may be directed to our Central Billing Office between the hours of 9:00 a.m. and 4:30 p.m. Monday through Friday at (757) 599-4090.**

With my consent, Pediatrics at Oyster Point, PLLC may use and disclose protected health information (PHI) about me to carry out treatment, payment and healthcare operations (TPO). Please refer to Pediatrics at Oyster Point, PLLC's Notice of Privacy Practices for a more complete description of such uses and disclosures.

I have the right to review the Notice of Privacy Practices. Pediatrics at Oyster Point, PLLC reserves the right to revise its Notice of Privacy Practices at any time. A revised Notice of Privacy Practices may be obtained by forwarding a written request to Pediatrics at Oyster Point, PLLC's Privacy Officer at 895 City Center Blvd., Suite 200, Newport News, VA 23606.

With my consent, Pediatrics at Oyster Point, PLLC may call my home or other designated location and leave a message on voice mail or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, insurance items and any call pertaining to my clinical care, including laboratory results among others.

With my consent, Pediatrics at Oyster Point, PLLC may mail to my home or other designated location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements as long as they are marked PERSONAL and CONFIDENTIAL.

With my consent, Pediatrics at Oyster Point, PLLC may e-mail me appointment reminder cards and patient statements. I have the right to request that Pediatrics at Oyster Point, PLLC restricts how it uses or discloses my PHI to carry out TPO. However, the practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement.