

Blooming Pediatrics Therapies, Inc.

BLOOM PediatricsS

445 Park Ave., Suites A & B, Cary, IL 60013

Authorization for Payment and Insurance Information

- I understand that payments and/or current insurance information is required at time of service. I assign all rights and claims for reimbursement of expenses allowable under my insurance plan and authorize payment directly to Bloom Pediatrics. This practice does not accept responsibility for collecting my insurance claims or for negotiating a settlement on disputed claims. I understand that I am responsible for charges not covered by my medical insurance plan/s. If my account exceeds 60 days without payment or arrangement, my account will be considered delinquent and can be subjected to legal action and/or assignment to a collection agency including additional fees. Initials: _____

Consent for Release and Use of Confidential Information

- I voluntarily give my consent to care and treatment as recommended by the therapist/s as is necessary in his/her clinical judgment. I hereby give my consent to Bloom Pediatrics to use or disclose, for the purpose of carrying out treatment, payment, or health care operations (TPO), all information contained in the patient records as described below. Initials: _____

Receipt of Notice of Privacy Practices Form and Red Flag Rule Compliance

- I acknowledge receipt of the practice’s Notice of Privacy Practices. The Notice of Privacy Practices provides detailed information about how the practice may use and disclose my confidential information. I acknowledge the practice privacy for Identity Theft Prevention & Red Flag Rule Compliance and will be expected to provide the practice Photo ID & current Health care information to aid in my protection. Initials: _____

Receipt of Notice of Patient’s Financial Policy

- I acknowledge receipt of the Practices Patient’s Financial Policy. This notice provides detailed information about how a patients’ rights and responsibilities are handled within this therapy practice. Initials: _____

I understand that the practice has reserved a right to change its’ privacy practices that are described in the Notice. I also understand that a copy of any Revised Notice will be provided to me or made available upon request or at the time of a subsequent office visit.

I understand that this consent is valid until it is revoked by me. I understand that I may revoke this consent at any time by giving written notice of my desire to do so, to the practice. I also understand that I will not be able to revoke this consent in cases where the practice has already relied on it to use or disclose my health information. Written revocation of consent must be sent to Bloom Pediatrics.

Patient Name: (Please Print Clearly) _____

Signed _____ Date _____
(relationship)

Signed _____ Date _____
(relationship)

- Any Responsible parties present will be asked to sign.

Revised 12/17/2015

CONSENT FORM DEFINITIONS [to be printed on reverse side of form]

“Health care operations” refers to a large number of activities, including:

1. Conducting quality assessment and improvement activities, including outcome evaluation and development of clinical guidelines, provided that the obtaining of generalizable knowledge is not the primary purpose of any studies resulting from such activities; patient safety activities (as defined in 42 C.F.R. 3.20) population- based activities relating to improving health or reducing health care costs, protocol development, case management and care condition, improving health or reducing health care costs, protocol development, case management and care coordination, contacting of health care providers and patients with information about treatment alternatives; and related functions that do not include treatment;
2. Reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance, health plan performance, conducting training programs in which students, trainees, or practitioner in areas of health care learn under supervision to practice or improve their skills as health care providers, training of non-health care professionals, accreditation, certification, licensing, or credentialing activities;
3. Except as prohibited under 45 C.F.R. 164.502(a)(5)(i), underwriting, enrollment, premium rating and other activities related to creation, renewal or replacement of a contract of health insurance or health benefits, and ceding, securing, or placing a contract, for reinsurance of risk relating to claims for health care (including stop-loss insurance and excess of loss insurance);
4. Conducting or arranging for medical review, legal services, and auditing functions, including fraud and abuse detection and compliance programs;
5. Business planning and development, such as conducting cost management and planning-related analyses related to managing and operating the entity, including formulary development and administration, development or improvement of methods of payment or coverage policies; and
6. Business management and general administrative activities including but not limited to: (a) management activities relating to HIPAA privacy rule compliance;(b) customer services, including the provision of data analyses for policy holders, plan sponsors, or other customers, provided that protected health information is not disclosed to such policy holder, plan sponsors, or customer; (c) resolution of internal grievances; (d) due diligence in connection with the sale or transfer of assets to potential successor in interest, if the potential successor in interest is covered entity or, following completion of the sale or transfer, will become covered entity; and (e) creating de-identified health information, fundraising for the benefit of the covered entity, and marketing for which an individual authorization is not required.

“Payment” means the activities undertaken by the physician to obtain reimbursement for the provision of health care. These activities referred to on this definition related to the individual to whom health care is provided and include, but are not limited to:

1. Determination of eligibility coverage (including coordination of benefits or the determination of cost sharing amounts), and adjudication or subrogation of health benefit claims;
2. Billing, claims management, collection activities, obtaining payment under a contract for reinsurance, and related health care data processing;
3. Review of health care services with respect to medical necessity, coverage under a health plan, appropriateness of care, or justification of charges;
4. Utilization review activities, including precertification and preauthorization of services, concurrent and retrospective review of services; and
5. Disclosure to consumer reporting agencies of any of the following information relating to reimbursement: name and address, date of birth, Social Security number, payment history, account number, and name and address of the physician.

“Treatment” means the provision, coordination, or management of health care and related services by one or more health care providers, including the coordination or management of health care by health care provider with a third party; consultation between health care providers relating to a patient; or the referral of a patient for health care from one health care provider or another.

“use” means the sharing, employment, application, utilization, examination, or analysis of patient information within the physicians practice that maintains such information.