
Consent and Authorization to Disclose Health Information

MUST HAVE PARENTAL CONSENT if under the age of 18

I understand that my refusal to sign this authorization will affect my ability to obtain MedWork Services:

I hereby authorize MedWork Occupational Health and/or Providers consent for examination, treatment and emergency treatment, immunizations, drug and/or alcohol testing and other employer services as requested.

This release also serves as my authorization to MedWork and its representatives to discuss with Providers and/or my Employer any of the information as to MedWork's provision of my records, which arises from my treatment or testing to the insurer, compensation carrier, healthcare facility, employer and employer's representatives or other agencies which may be providing financial services for my care and/or MedWork's services.

This release authorizes Providers and/or my Employer to permit MedWork and its representatives to examine and make copies of any and all of my records, including but not limited to records from other health care providers and/or agencies. This release authorizes Providers and/or my Employer to discuss with MedWork and its representatives any pertinent information involving my care and my employment.

I understand that I have the right to revoke this authorization at any time, except to the extent that MedWork has already relied on it. I understand that if I decide to revoke this authorization, I must notify MedWork of my decision in writing and send it to: MedWork Occupational Health, 1435 Cincinnati St, Dayton, OH 45417 Attn: Medical Records.

This authorization shall remain in effect for five (5) years from the date of my signature below.

DATE: _____ EMPLOYER: _____

LAST NAME: _____ FIRST _____ MI _____

SIGNATURE: _____
or Parent's/Personal Representative's Signature and Relationship to Patient)

SOCIAL SECURITY NUMBER _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE NUMBER: _____ CELL PHONE NUMBER: _____

DATE OF BIRTH: _____

PERSONS WHO WE MAY SPEAK WITH REGARDING YOUR MEDICAL INFORMATION: (HIPPA RELEASE)

Name and Relationship: _____

Workers compensation patients please continue to other side



Date: _____	Time: _____
Company: _____	
Post Accident: None _____ DRUG _____ BAT _____	
<i>Office Use Only</i>	

Patients Receiving Workers Compensation Treatment

Cancellations and No Shows

Injury treatment is very complex and it is important that you keep all scheduled appointments in order to benefit from treatment. If you are unable to keep a scheduled appointment, you are encouraged to call 24 hours in advance to reschedule and avoid a cancellation status. However, we understand that emergencies do arise and our office policy will tolerate up to three (3) cancellations before you are dismissed from MedWork’s care. No shows are highly discouraged and patients will be dismissed, without exception, after two (2) incidents of not showing up for an appointment. If this should occur, we would require you to find an alternative provider. In this case, we advise you to seek emergent medical care at Miami Valley or Good Samaritan Hospitals’ Emergency Departments while you seek another provider. We will be happy to provide copies of your medical records to your new provider.

A cancellation is defined as any doctor, physical therapy, massage therapy and acupuncture appointment cancelled less than 24 hours before the appointment time. A “no show” is defined as any appointment not kept without prior notification to MedWork. Since this disrupts your treatment plan, and services to our other patients, MedWork reserves the right to discontinue treatment to a patient with a history of no shows and/or cancellations. Scheduling preferences may not be met for those patients who cancel or no show. In addition, your employer will be notified each time you no show or cancel an appointment.

Financial Agreement

I understand that I am liable for fees incurred for care at MedWork should my workers’ compensation claim be disallowed, if an appeal is disallowed by the Ohio Bureau of Workers’ Compensation, or if I dismiss my workers’ compensation claim for any reason.

I understand that **MedWork is not a participating provider with any commercial health insurance and therefore would not be reimbursed for services rendered.** MedWork will provide, upon request, a detailed charge listing on a standard claim form to be submitted to a commercial insurance carrier by the patient. MedWork reserves the right to bill the patient directly for services rendered when there is a disallowed Bureau of Workers’ Compensation claim and to pursue collection of payment.

I understand that I may be referred by a MedWork physician to specialists who are independent from MedWork and, therefore, will be responsible for billing for their services to both the Bureau of Workers’ Comp and its entities, or directly to the patient if the Workers’ Comp claim is disallowed.

Patient Signature: _____

Date: _____

Copy provided upon request