

Consent for Medical Services and Financial Agreement

1. **Medical Consent:** The undersigned consents to and authorizes any medical care and treatment including but not limited to examination, and laboratory testing that may be considered advisable in the judgment of the clinic provider. _____(initials)
2. **Financial Agreement:** The undersigned agrees, whether he/she signs as agent or client, that he/she obligates himself/herself to pay the account in full at the time services are rendered. The client is aware that Care Ring does not file insurance claims nor bills clients at a later date. _____(initials)
3. **Release of Medical Records:** The undersigned authorizes the release of medical information to his/her private physician and to any physician, hospital, or agency to which the client is referred by Care Ring. The undersigned also authorizes any private physician and any physician, hospital or agency to which the client is referred to release to Care Ring information regarding treatment by or at said physician, hospital or agency. _____(initials)

The undersigned certifies that he/she has read the foregoing and is the client, or duly authorized by the client as the client's general agent/parent to execute the above and accept its terms.

Signature of Client

Date

Notice of Privacy Practice Acknowledgment

I have received a copy of the Notice of Privacy Practice and I have been provided an opportunity to review it.

Client Name(Print) _____

Client Signature: _____

Date: _____