NORTHBAY™
Medical Practices

A. Consent to Medical Outpatient Services

The undersigned consents to the physical examination, evaluation and diagnosis, and any treatments and/or procedures that may be performed during an office visit.

B. Legal Relationship Between Office and Healthcare Practitioners

All physicians and allied health practitioners furnishing services to the patient are independent contractors with the patient and are not employees or agents of the office. The patient is under the care and supervision of his/her primary care physician or consulting physician and it is the responsibility of the office staff to carry out the instructions of such physician. It is the responsibility of the patient's physician or allied health practitioner to obtain the patient's informed consent, when required, for minor surgical treatment, special diagnostic or therapeutic procedures, or services rendered the patient under the general and special instructions of the physician.

C. Release of Information

Upon inquiry, the office staff may make available to the public certain basic information about the patient (name and general condition). If the patient or the patient's legal representative does not want such information to be released, he/she must make a written request for such information to be withheld. The patient or the patient's legal representative may obtain a separate form for that purpose upon request.

The office staff will obtain the patient's consent and his/her written authorization to release information, other than basic information, concerning the patient, except in those circumstances when the office staff is permitted or required by law to release information.

The undersigned agrees that, to the extent necessary to determine liability for payment and to obtain reimbursement, the office staff may disclose portions of the patient's record, including his/her medical records, to any person or corporation which is or may be liable, for all or any portion of the Physician Practice charges, including but not limited to insurance companies, health care service plans, workers' compensation carriers or any regulatory agency that is responsible for reviewing or accrediting the office practice. Special permission is needed to release this information if the patient is treated for alcohol or drug abuse.

D. California Cancer Reporting System

The California State Department of Health Services has been mandated under state law (Chapter 841, Statutes of 1985) to gather information on certain benign tumors, malignant tumors, and other pre-malignant or malignant conditions. The purpose of the law is to help identify preventable causes of cancer. This means we will report your diagnosis pertaining to these conditions to the Department of Health Services for the State of California.

E. Patient's Rights and Notice of Privacy Practice

I hereby acknowledge receipt of the *Patient's Rights and the Notice of Privacy Practice* of NorthBay Healthcare Group's Primary and Specialty Care Practices. The *Patient's Rights* provides information to

NORTHBAY™
Medical Practices

me about my rights as a patient while at one of the Office Practices affiliated with NorthBay Healthcare Group. The *Notice of Privacy Practice* provides information to me about how the office staff may use and disclose my protected health information and how I can get access to this information. I acknowledge that I have been encouraged to read the *Patient's Rights and the Notice of Privacy Practice* information in full and that this information is subject to change as regulations change. If the NorthBay Healthcare Group Primary and Specialty Care Practices changes either notice, I and/or my representative are entitled to obtain a copy of the revised notice by either accessing the NorthBay Healthcare Group's web site at www.northbay.org or by contacting the office registration staff. For privacy questions, please contact NorthBay's Privacy Officer at (707) 646-5600.

CONSENT FOR TREATMENT/AUTHORIZATION SIGNATURE

The undersigned certifies that he/she has read the foregoing, has received a copy thereof, and is either the patient, the patient's legal representative, or is duly authorized by the patient as the patient's general agent to execute the above and that he/she accepts the terms. I acknowledge receipt of the NorthBay Healthcare Group's Primary and Specialty Care Practices' ***Notice of Privacy Practice*** and the ***Notice of Patient's Rights***.

Signature: _____
[patient/parent/conservator/guardian/agent]

Date: _____ Time: _____AM/PM

If signed by other than patient, print Legal Name: _____

Relationship to Patient: _____

Witness Signature: _____

Date: _____

NORTHBAY™ Medical Practices

A. Financial Agreement

The undersigned agrees, whether he/she signs as agent or as patient, that in consideration of all services to be rendered to the patient, he/she hereby individually obligates himself/herself to pay the account of the outpatient services in accordance with regular rates and terms of NorthBay Healthcare Group Affiliated Office Practices. Should that account be referred to an attorney or collection agency for collection, the undersigned agrees to pay those actual attorneys' fees and collection expenses incurred because of that referral. All delinquent accounts shall bear interest at the legal rate. Should the matter go to a legal action in court, the prevailing party shall be entitled to its attorney's fees and costs. In accordance with the Fair Credit Reporting Act (15 U.S.C. δ 1681), NorthBay Healthcare may access your credit report for the purpose of determining the ability to pay for your healthcare services. Your credit information will be securely disposed of and will not be stored by NorthBay Healthcare.

B. Assignment of Insurance Benefits

The undersigned assigns and hereby authorizes, whether he/she signs as agent or as patient, direct payment to the _ NorthBay Healthcare Group of all insurance and plan benefits otherwise payable to or on behalf of the patient for any and all outpatient and/or ancillary services and charges at a rate not to exceed the office's actual charges. It is agreed that payment to NorthBay Healthcare Group pursuant to this authorization by an insurance company, health care service plan, or employee welfare benefit plan shall discharge said insurance company of any and all obligations under its policy to the extent of such payment. This assignment of benefits is irrevocable. It is understood by the undersigned that he/she is financially responsible to charges not paid pursuant to this agreement.

C. Health Care Service Plan

NorthBay Healthcare Group maintains a list of health care service plans with which NorthBay Healthcare Group Affiliated Office Practices contracts. A list of such plans is available upon request from the Registration Department. NorthBay Healthcare Group has no contracts, express or implied, with any plan that does not appear on this list. The undersigned agrees that he/she is individually obligated to pay the full charges of all services rendered to him/her by NorthBay Healthcare Group, if he/she belongs to a plan which does not appear on this list.

FINANCIAL AGREEMENT SIGNATURE

The undersigned agrees to accept financial responsibility for services rendered to the patient and to accept the terms of the Financial Agreement, Assignment of Insurance Benefits, and Health Care Service Plan provisions above.

Signature: _____
[patient/parent/conservator/guardian/agent]

Date: _____ Time: _____AM/PM

If signed by other than patient, print Legal Name: _____

Relationship to Patient: _____

Witness Signature: _____

Date: _____