

General Consent and Authorization for Release of Information

I, _____, hereby request, and consent to, examination and treatment (including laboratory, diagnostic and medical/surgical procedures) rendered by Dr. _____ and their assistants and designees. I also consent to the disposal of specimens taken by laboratory or pathology examination.

I hereby guarantee payment in full to Urology Specialty Care for all charges for services rendered and/or charges exceeding third-party payments (except when prohibited by law or under contract). I also authorize Urology Specialty Care to release to government agencies, insurance carriers and others (including independent utilization review organizations), who may be financially liable for the services, all information necessary to pre-authorize services, determine medical necessity and/or the extent or amount of liability and challenge denials of medical necessity. I hereby assign all amounts payable for services rendered to Urology Specialty Care. I understand that this constitutes a waiver of confidentiality under 42 C.F.R. Part 2 (Confidentiality of Drug and Alcohol Patient Records) and N.J.S.A. 26:5c-1 et seq. (pertaining to FTIV and Aids records) and that this authorization is revocable except to the extent that action has been taken in reliance thereon and will otherwise remain in force indefinitely in order to effectuate the purposes for which it is given.

I certify that I have read this form and fully understand its contents. I also acknowledge that no guarantees have been made to me as to the results of examinations or treatment.

Patient's Signature / Date

Legal Guardian / Date