

WESTON PRIMARY CARE
56 COLPITTS ROAD
WESTON, MA 02493

MEDICAL INFORMATION AND PRIVACY NOTICE

We at Weston Primary Care pledge to give you the highest quality health care and to have a relationship with you built on trust. This trust includes our commitment to respect the privacy and confidentiality of your health information. We may share medical information with other health care providers who are directly involved in the medical care of our patients for the purposes of treatment, billing and health care operations.

If you want a copy of the HIPPA Notice, one will be furnished to you. It is also on our website.

I acknowledge that I have read or have been given a copy of the Health Care Privacy Notice.

Name _____ Date of Birth _____

Signature _____ Date _____

BENEFITS AND PAYMENT AUTHORIZATION

I request that payment of authorized benefits be made on my behalf for services rendered. I authorize the release of any medical information necessary to the insurer to determine the benefits payable for this service.

I also understand that some services are not covered by certain insurers. I acknowledge and agree that I am personally responsible for any co-payments and/or deductibles associated with the services I receive which are not covered by my insurance.

Signature _____ Date _____