Physicians to Children – Minor to Adult Registration Form

Patient's Name _____
First Middle Last

Street Address _____ _____
Street/Rt. # Apt# City/State Zip

Home Phone _____ Cell Phone _____ Email _____

Date of Birth _____/_____/_____ SS Number _____

E**mergency Contact/ Relationship** _____ Phone _____

_____ Phone _____

In my absence I Authorize to have Access to My Chart: (Must be over the age of 18)

Name/Relationship to Patient _____ Name/Relationship to Patient _____

Name/Relationship to Patient _____ Name/Relationship to Patient _____

To make any medical or surgical decisions or to participate on my behalf**.** I also give consent for them to pick up medication samples, written prescriptions, or health information that I have requested from the physician. Information about me may be disclosed to the following person(s) to the extent of that person's involvement with me or my care or payment for care .I furthermore authorized the medical staff at Physicians to Children, Inc to carry out any medical procedures and treatments that are deemed appropriate.

_____ **(Initial) PRIVACY ACKNOWLEDGEMENT:** I acknowledge that the Physicians to Children's Notice of Privacy Practice, Dated October 14, 2019 has been made available to me. I understand the Notice of Privacy Practice provides me with detailed information how my protected health information may be used and disclosed.

_____ **(Initial) DEEMED CONSENT:** Virginia State law provides that when a healthcare worker is exposed to the body fluids or another person in a manner which may transmit human immunodeficiency virus (HIV – the virus that causes AIDS), such as an accidental needle stick, the patient shall be deemed to have consented to testing for HIV and to the release of the results to the exposed person and the local health department.

_____ **(Initial) ASSIGNMENT OF BENEFITS:** By signing below, I assign to Physicians to Children, Inc. any and all rights to receive payment pursuant to any insurance policy, and any recoveries upon any claim for injuries which are payable on account for the services rendered to the patient. I understand that I am financially responsible for all charges incurred for services rendered whether or not they should be paid for by insurance or by someone else. Should legal action be initiated as a result of nonpayment of any charges incurred with Physicians to Children, Inc., then I agree that the proper location of such actions will be the City of Roanoke and in addition to charges due, I agree to pay court costs and to pay attorney's fees up to an amount equal to 30% of the unpaid charges on that account.

_____ **(Initial) VIRGINIA LAW GOVERNS:** I agree that any dispute, cause of action, or any disagreement of any nature relating in any way to this consent or the treatment, diagnosis, administration of drugs or procedures, or any other interactions between the doctors, nurse practitioners, and employees of Physicians to Children, Inc. and me shall be governed by and construed in accordance with the laws of the Commonwealth of Virginia, but without regard to its or any other state's principles of conflicts of laws, and shall be binding upon me and my heirs, and personal representative. In the event this consent is signed by a parent or personal representative of the patient, this choice of law provision binds both the patient and personal representative.

_____ **(Initial) PHARMACY CONSENT:** I authorize Physicians to Children to electronically obtain medication history from pharmacies to include in Physicians to Children medical record.

By signing below I am agreeing and acknowledging to the above (Consent to Treat, Privacy Acknowledgement, Deemed Consent, Assignment of Benefits, Virginia Law Governs and Pharmacy Consent) and understand that if the mentioned responsible party does not pay that I will be responsible for payment. I also acknowledge that a copy of Physicians to Children's financial policy has been made available to me.

Patient Signature: _____ Date: _____

Printed Name: _____ Relationship to Patient: _____

Please give your insurance cards to registration.