

**PINNACLE WOMEN'S HEALTHCARE  
PATIENT AUTHORIZATION AND NOTICE OF PRIVACY PRACTICES**

**PATIENT NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Release of Information:**

All information provided is herein is true and correct.

I give permission to Pinnacle Women's Healthcare and its affiliates to release information, verbal and written, contained in my medical record, and other related information, to my insurance company, employer, school, related healthcare provider, assignees and/or beneficiaries and all other related persons as it relates to my care and treatment.

I authorize Pinnacle Women's Healthcare and its affiliates to obtain medical records and/or professional information from any other physician and other medical professional as it relates to my treatment.

I have read and understand the above release.

**Patient or Guardian Signature:** \_\_\_\_\_

**Assignment of Benefits**

I authorize payment directly to Pinnacle Women's Healthcare for services. This is a direct assignment of my rights and benefits under this policy. A photocopy of this assignment shall be considered as effective and valid as the original.

**Patient or Guardian Signature:** \_\_\_\_\_

**Notice of Privacy Practices (HIPAA Acknowledgement/Consent)**

I hereby acknowledge that I have been offered a copy of The Notice of Privacy Practice for Pinnacle Women's Healthcare. In addition, I hereby consent to the use and disclosure of my personal health information for the purposes of treatment, payment and healthcare options.

**Patient or Guardian Signature:** \_\_\_\_\_

**Payment Guarantee**

I agree to pay Pinnacle Women's Healthcare for the services provided to me or the party named above. If any insurance contract prohibits payment for these services I will cooperate and assist in the provisions of information, authorizations, releases, or any other type of information necessary to allow for speedy collection from my third-party payer. Where the law or an insurance contract does not prohibit payment by me, I acknowledge responsibility for any and all account balances.