



Patient's Name _____

Patient's DOB _____

ALL PATIENTS TO SIGN: HIPAA Notice of Privacy Practices

Open Door Health Center is required by law to maintain the privacy of and provide individuals with the notice of our legal duties and privacy practices with respect to protected health information. Your signature below is only acknowledgement that you have received this Notice of our Privacy Practices:

Patient's or Guardian's Signature Date

ALL PATIENTS TO SIGN: Assignment of Benefits

My signature on this form is acknowledgement that I have received a copy of and understand the financial policy of Open Door Health Center (ODHC). I authorize the use of my signature on all eligible insurance submissions for my visits and assign directly to ODHC all insurance benefits, if any, otherwise payable to me for services given by ODHC. I understand that ODHC does not have contracts with all insurance carriers; therefore, I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize ODHC to release all information necessary to secure the payment of benefits.

Should I, or my dependent, be without any insurance benefits, I understand that I am responsible for all charges incurred due to services that ODHC provides me or my dependent. I understand, that if I have not disclosed insurance coverage to ODHC at this time and bring insurance information in at a later date, I am responsible for any charges that my insurance will not cover.

Guarantor's Signature Date

DENTAL PATIENTS ONLY:
Dental Appointment Confirmation/Cancellation Policy

My signature on this form is acknowledgement that I have been offered and/or received a copy of and understand the appointment confirmation policy of Open Door Health Center. In summary, I understand that:

- ❖ ODHC will call two days prior to my dental appointment to confirm I am coming.
- ❖ If I need to cancel, I will call ODHC by 2:00 PM the day before my appointment.
- ❖ If I do not confirm my appointment as required, my appointment will be cancelled and the dental staff will use my appointment time to see someone on the waiting list.
- ❖ ODHC has a lengthy waiting list for dental appointments. **Therefore, if I short notice cancel or no show twice (2 times within six months, I understand that I will not be rescheduled for six months.**

Patient's or Guardian's Signature Date

If the patient is a minor or has a guardian, turn page over to complete.

Attention Parents and Guardians: Please read and complete this page carefully.

This form only needs to be completed for minors or adults with a guardian.

This form must be completed by a parent or legal guardian.

CARE OF MINOR OR ADULT WITH A GUARDIAN

Patient Name _____ Patient DOB _____

Parent/Guardian Name (First, MI, Last) _____

Parent/Guardian Street Address _____

Parent/Guardian City, State, Zip _____

Parent/Guardian Phone Number _____ Home Cell Work

Parent/Guardian Phone Number _____ Home Cell Work

Parent/Guardian Gender: Male Female Parent/Guardian Email Address _____

Should this contact be listed as the Patient's Emergency Contact? Yes No

If additional Parent(s) or guardian(s) should be listed, please discuss with registration staff.

<h2 style="margin: 0;">READ</h2>	<p>Registration and Treatment of a Minor or Adult with a Guardian:</p> <ol style="list-style-type: none"> 1. I (we) understand that Open Door Health Center (ODHC) requires that I (we) complete registration forms and provide consent prior to providing care for the patient listed above. 2. I (we) understand that optimal treatment is provided to the patient when I (we) accompany him or her. My presence also facilitates legal consent to care. <p>Care of Minors: Exceptions to Parental Consent as specified in Minnesota Law: Minnesota Statue allows expectations to obtaining parental consent. I (we) understand that if I (we) would like a copy of these exceptions, I may ask ODHC staff to provide a copy</p>				
<h2 style="margin: 0;">Optional</h2> <p style="font-size: small; margin: 0;"><i>Complete this section only if you want to designate someone else to provide consent for the patient named above.</i></p>	<p>Designate a Decision Maker:</p> <p>If I (we) am unable to be or remain present at the time care is to be provided to the patient listed above, I (we) may authorize a Designated Decision Maker to be present and provide consent to care for him or her. Therefore, I (we) appoint the following person as my (our) designated decision maker for consenting to care for the patient listed above. I (we) have the legal right to delegate such consent to the designated decision maker, who is an adult and legally and medically competent. I (we) am aware that protected patient health information may be shared with the designated decision maker to facilitate informed decision making.</p> <p>Designated Decision Maker: _____</p> <p>Relationship to Patient: _____ Phone: _____</p>				
<h2 style="margin: 0;">Optional</h2> <p style="font-size: small; margin: 0;"><i>Complete this section only if you will not always accompany the patient listed above to his or her appointment(s)</i></p>	<p>Unaccompanied Minor or Person with Guardian:</p> <p>If I (we) am or my Designated Decision Maker (as listed above) is unable to be or remain present at the time care is to be provided to the patient listed above, I (we) understand the providers at ODHC may not provide treatment without my documented consent obtained during the visit verbally. ODHC staff may contact me (us) at the phone numbers so that care may be provided to the patient listed above if I (we) am unable to be present. If ODHC is unable for any reason to contact me (us), the appointment will be rescheduled as long as failure to treat would not jeopardize the health of the patient.</p> <p><input type="checkbox"/> Yes, I agree to be available at the phone number(s) listed above if the patient shows up unoccupied because ODHC requires my consent during the visit.</p>				
<h2 style="margin: 0;">Sign Here</h2>	<p>I understand that my signature acknowledging ODHC policy regarding care of the patient listed above will last for <u>one year</u>. I understand that I may at any time withdraw my acknowledgement or consent through written notice. If I do so, it will not affect actions already taken by ODHC.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Parent/Guardian Signature</td> <td style="width: 50%; padding: 2px;">Parent/Guardian Signature</td> </tr> <tr> <td style="width: 50%; padding: 2px;">Date</td> <td style="width: 50%; padding: 2px;">Date</td> </tr> </table>	Parent/Guardian Signature	Parent/Guardian Signature	Date	Date
Parent/Guardian Signature	Parent/Guardian Signature				
Date	Date				

For office use and verification purposes only: Scan copy of photo ID of Designated Decision Maker and acquire signature below