



Patient Privacy Consent

Welcome to Inspired Spine Health! We feel privileged you chose us to participate in the journey back to your life. Part of our commitment to you is to notify you of our policies intended to protect your health information.

Consent and Authorization for Release of Information

1. Release of Information. I consent to the release and use by Inspired Spine Health and Tristate Brain & Spine Institute (Inspired Spine) of medical and other information about me to the extent permitted by law:
 - a) To a health care provider being advised or consulted in connection with my treatment or care;
 - b) To a health plan, insurer, third party payer or administrator, Medicare or other organization providing me with health benefits, for the purposes of claims payment and benefit determinations, prior authorizations, fraud investigations, or quality of care studies or reviews;
 - c) To a person or organization in connection with Inspired Spine's health care operations. These operations may include quality improvement activities, performance evaluations, business management, and other related activities;
 - d) To contact me via phone, text, and/or email regarding my services or to provide information about Inspired Spine operations; and
 - e) To the following individuals (name of spouse, family member, or others). **List person(s)/Relationship(s):**
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2. I understand that this consent is valid until I revoke it by giving written notice.
3. I consent for Inspired Spine to obtain patient prescription history via Surescripts. The Surescripts database stores prescription history from most pharmacies and provides us with information such as medication name, prescription date, dosage, prescribing physician, and refill history.

Notice of Privacy Practices

1. It is the policy of Inspired Spine to protect the privacy and confidentiality of patients' medical information.
2. Inspired Spine's Notice of Privacy Practices explains how Inspired Spine may use and disclose my medical information. It also explains my rights regarding this kind of information. Inspired Spine may revise its Notice of Privacy Practices at any time and will provide me with a copy of the revised Notice of Privacy Practices at my request. Inspired Spine's Notice of Privacy Practices is available at www.inspiredspine.com.
3. I acknowledge that I have received Inspired Spine's Notice of Privacy Practices.

Research and Marketing

I authorize Inspired Spine to record, photograph and videotape any part of my treatment. The resulting material is sole property of Inspired Spine and I give explicit permission for such material to be used for research, educational purposes and marketing in traditional fashion as well with new media including web-publishing.

Disclosure

I have been hereby informed of my physician's ownership interests in or financial benefits derived from being seen at this facility and other surgical facilities, if applicable. Additionally, I have been informed of my physician's role in the design, development and establishment of any medical devices, procedures, and protocols including but not limited to instrumentation and implants that may be employed during my care for which my physician will receive financial benefit if applicable.

Cancellation and No-Show Policy

Cancellation of Appointments. In order to be respectful of the medical needs of other patients, please be courteous and call Inspired Spine Health promptly if you are unable to come to an appointment. This time will be reallocated to someone who is in need of treatment. We require that you call at least 1 business day in advance. To cancel your appointment, please call your clinic location:

Alexandria: (320) 763-8888 Burnsville: (952) 405-9760

A cancellation is late when the appointment is cancelled without advance notice of at least 1 business day. If you fail to show up for a scheduled appointment it is considered a "No-Show." After the second no-show and/or late cancellation, you will be required to pay a fee of \$150.00 prior to making your next appointment. This fee is not refundable and is not covered by insurance or applied to your next visit. Should you choose not to pay the fee, we will be unable to schedule an appointment. It is the discretion of Inspired Spine Health to dismiss patients with excessive late cancellations or no-shows.

Patient Name (Printed):

Patient Signature:

Date:
