Watauga Surgical Group, P.A.
965 State Farm Road
Boone, NC 28607
(828) 264-2340

PRIVACY POLICY

By signing below, I am acknowledging that I have been provided with a copy of Watauga Surgical Group, P.A.'s Notice of Privacy Practices dated September 23, 2013 pursuant to the Health Information Portability and Accountability Act of 1996 (HIPAA).

_____ [SEAL] _____ -_____-_____
Patient Signature (or Parent if Patient is a Minor) Dated

Evidence of the authority of the patient's representative must be attached to this acknowledgement.

If patient is unable to sign please document the reason and initial: _____
_____.

FINANCIAL POLICY

I, the undersigned, hereby understand and acknowledge the Financial Policy of Watauga Surgical Group, PA. Furthermore, I agree that the foregoing Financial Policy has been carefully read, and that I understand the contents thereof, and have signed of my own free and voluntary act, and have not been influenced in executing this agreement unless or until withdrawn by me in writing.

_____ [SEAL] _____ -_____-_____
Patient Signature (or Parent if Patient is a Minor) Dated

AUTHORIZATION FOR MEDICAL PAYMENTS, if applicable. I hereby authorize my insurance carrier to make payment(s) to Watauga Surgical Group, P.A. for services rendered.

_____ [SEAL] _____ -_____-_____
Patient Signature (or Parent if Patient is a Minor) Dated