



Dannielle Harwood, M.D.  
Women's Health & Family Medicine  
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## **PATIENT CONSENT AND ACKNOWLEDGEMENTS**

### **I. Consent for Treatment:**

I authorize Dannielle Harwood, M.D. to provide ongoing medical care, treatment, and procedures as needed. I understand that no guarantees can or will be made as to results of care, treatment, or medication prescribed and intend this consent to be continuing in nature even after a diagnosis has been made and treatment recommended. This consent will remain in full force until revoked in writing.

### **II. Financial Agreement:**

I acknowledge that I am financially responsible for all services provided whether or not paid for by Insurance. I acknowledge that I have received, read and understand the Financial Policies of Dannielle Harwood, M.D. and all my questions have been answered and I agree to abide by these policies.

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### **III. Assignment of Benefits:**

I authorize direct payment of medical benefits to Dannielle Harwood, M.D. for all services rendered.

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### **IV. Consent to Release of Information:**

I authorize the release upon request to my insurance carriers or other reimbursing agencies any information necessary to secure the payment of benefits, thus releasing Dannielle Harwood, M.D./Studio+MD and staff of any liability for furnishing such information. \_\_\_\_\_

### **V. Notice of Health Information Practices:**

I acknowledge that I have been provided with access to or a copy of the Notice of Privacy Practices. I understand that Dannielle Harwood, M.D./Studio+MD reserves the right to change the terms of the Notice of Privacy Practices. If changes to the policy occur, I will be provided with a revised Notice of Privacy Practices upon request. \_\_\_\_\_

### **VI. Notice of Office Policies Regarding Identity Theft:**

I acknowledge that the office has a written policy in place to reduce my risk of identity theft. \_\_\_\_\_

**VII. Acknowledgement of Practice Policies:**

I acknowledge that I have received, read and understand the Office Policies of Dannielle Harwood, M.D./Studio+MD, and all my questions have been answered and I agree to abide by these policies.

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**VIII. How to contact you:**

Messages regarding appointments may be left at  Home  Cell phone or  Work phone

Messages regarding Lab results may be left at  Home  Cell phone or  Work phone

Patient Name \_\_\_\_\_ Date: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_