

Middlesex Medical Associates  
85 Church Street Suite 600  
Middletown, CT 06457  
Phone 860-347-5333 Fax 860-346-3517

**HIPAA/RELEASE FORM FOR INDIVIDUALS INVOLVED IN MY CARE**

I, \_\_\_\_\_ give Middlesex Medical Associates permission to speak with the following people listed below regarding my health status, including diagnosis, treatment options & plans as well as payment for health services I have received from Middlesex Medical Associates.

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Best numbers to call in an emergency: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Best numbers to call in an emergency: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Best numbers to call in an emergency: \_\_\_\_\_

\_\_\_\_\_ I decline permission.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

This consent is valid until such time as I provide Middlesex Medical Associates written revocation of such.

Consent to Treat

I hereby give permission to Middlesex Medical Associates physicians and staff to provide ordinary and necessary medical care. Ordinary and necessary care shall include preventative care as well as diagnostic testing and treatments as well as immunizations.

At Middlesex Medical Associates, providers use an electronic medical records system that allows electronic prescribing of medications known as e-scribe. Medications are sent directly to your pharmacy through a secure connection, which improves the time and accuracy of the prescription. This allows the providers to receive an electronic notice from the pharmacy when a refill of the patients medications are due. This system allows the providers to obtain information regarding current and past prescriptions. Regarding narcotic prescriptions, it is a state regulation that we run a prescription monitoring report on patients to ensure the accuracy of current medications. For all non narcotic refill requests, please call your pharmacy directly at least one full week before running out. For narcotic refills, please call the office directly, again at least one week prior to running out.

It is the patient's responsibility to know their insurance benefits. This includes, but not limited to, physical exams, immunizations, deductibles & co-pays. All co-pays are due at the time of the visit. Any NO SHOW will result in a \$65.00 charge to the patient and must be paid in full before being seen again. There is a charge of \$20.00 for any returned check(s) returned by the bank.

I understand if I have an unpaid balance to Middlesex Medical Associates and do not make satisfactory payment arrangements, my account may be placed with an external collection agency. I will be responsible for the reimbursement of any fees from the collection agency, including all costs and expenses incurred collecting my account, and possibly including reasonable attorney fees.

In order for Middlesex Medical Associates or their designated external collection agency to service my account, and where not prohibited by applicable law, I agree that Middlesex Medical Associates and the designated external collection agency are authorized to (1) contact me by telephone number(s) I am providing, including wireless telephone numbers, which could result in charges to me, (ii) contact me by sending text messages (message & data rates may apply) or emails, using any email address I provide and (iii) methods of contact may include using pre-recorded/artificial voice messaging and/or use of an automatic dialing device, as applicable.

This signed agreement shall be valid from the date of signature and remain valid for seven years.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature