AllerVie HEALTH

allervie.com

CONSENT TO DISCUSS MEDICAL TREATMENT

If you would like to allow our physicians or staff to discuss your medical treatment with someone else or if you are unable to accompany your child to an appointment at one of our offices and would like to give permission for our physicians and staff to discuss your child's medical treatment with someone else in your absence, please complete the following form.

CONSENT TO DISCUSS FINANCIAL INFORMATION

As per our financial policy, unless we have written permission, we will not discuss financial information with anyone other than the person responsible for the patient's account. If there is anyone who has your permission to discuss this information with our staff, please complete the following form. Patients requiring allergy testing may have out of pocket costs depending on their insurance provider. Please know that the person who accompanies the patient is responsible for the bill or co-pay at the time of the visit.

I, _____, give permission to:

_____ _____
Name Relationship

_____ _____
Name Relationship

To discuss and provide consent for medical treatment and financial obligations for:

Patient Name: _____ Date of Birth: _____

at AllerVie Health. This permission will be valid for the duration of enrollment at AllerVie Health or until updated by patient or parent/legal guardian of minor patient.

_____ _____
Patient Name Date Signed