

Affirmation and Consent for Medical Treatment - I certify that the information that I have provided is true and correct to the best of my knowledge. I, the patient, or the patient's legal representative, hereby authorize and give my consent to **Performance Foot & Ankle LLC** to administer and perform such procedures as may be deemed medically necessary in the diagnosis and / or treatment of my feet and / or ankles.

Consent to Release Medical Records for Insurance or Third Party Reimbursement -I, the patient, or the patient's legal representative, hereby authorize and give my consent to **Performance Foot & Ankle LLC** to release medical records prepared in the course of my treatment to any entity which provides financial assistance for the patient's healthcare including, but not limited to, insurance companies, self-insured employers or public welfare agencies, and / or to maintain continuity of care.

I, the patient, or the patient's legal representative, understand that by signing this form, records of a confidential nature, such as those for HIV testing, AIDS or AIDS related condition, psychiatric problems or substance abuse, will be released to the entities providing financial assistance for my health care.

I, the patient, or the patient's legal representative, hereby authorize and give my consent to **Performance Foot & Ankle LLC** to release medical records prepared in the course of my treatment to any entity, including but not limited to, referring physicians, hospitals, or other healthcare providers, which may be of assistance in the opinion of this office, in providing for the treatment of the patient.

I, the patient, or the patient's legal representative, hereby authorize the direct payment of insurance claims to **Performance Foot & Ankle LLC**. The signature furnished below show suffice for all insurance forms on a continuing basis.

Acknowledgement of Notice of Privacy Practices - I acknowledge that I have been given the opportunity to review a statement of the **Performance Foot & Ankle LLC** Notice of Privacy Practices.

Acknowledgement of Financial Policy -I acknowledge that I have received and read a statement of the **Performance Foot & Ankle LLC** Financial Policy.

SMS Text Message / Voice Reminder Consent Form - Performance Foot and Ankle LLC would like to offer you the ability to receive text message reminders for your appointment. The SMS service should not be solely relied upon, as the responsibility of attending and cancelling appointments still rests with you, but we hope this will make things easier. Messages are generated by an NHS secure service, however they are transmitted over a public network to a personal phone. The practice will never transmit any information that would enable an individual patient to be identified. I CONSENT to the practice contacting me by _____ text message or _____ voice reminder for the purpose of appointment reminders. I understand that I may be charged \$25.00 for failing to keep my scheduled appointments.

X _____

Signature of patient / legal representative
Date

Relationship