Health Services Office
University of Louisville
Louisville, KY 40292

Health Sciences Office (502) 852-6446
Belknap Campus (502) 852-6479

# Consent for Medical Care and Release of Information

I wish to have treatment given to myself, my child, or ward by the University of Louisville Health Services Office (hereafter known as "Health Services Office"). I hereby give myself, my child's, or my ward's voluntarily consent to routine diagnostic and therapeutic procedures, such as physical exams, x-rays, vaccinations and laboratory tests. As the part of the care to be given, a test may be performed for human immunodefiency virus infection (HIV/AIDS), hepatitis, or other blood-borne infections or communicable diseases if the doctor orders the test for DIAGNOSTIC purposes because of my/my child's/my ward's medical history, symptoms or clinical findings.

I fully understand, as a courtesy to me, the Health Services Office will file my insurance claims. However, I am fully responsible for all bills incurred for services rendered. I will also be held responsible for all services not covered by my insurance and payment is expected at the time of service. If payment is not received in a timely manner, I am aware that I may be turned over to a collection agency and reported to the credit bureau.

I hereby authorize the Health Services Office to share medical records and information with my health insurance carrier, as necessary to process insurance claims or payment for care provided. I further authorize payment of any health insurance benefits be made directly to the Health Service Office. I hereby acknowledge I have read and fully understand the information set forth above and any questions have been answered to my satisfaction.

By submitting this information, I hereby acknowledge I have read and fully understand the Patient's Bill of Rights, which has been given to me and is available online. I hereby acknowledge receipt of the Notice of Privacy Practices.