

LONGHORN IMAGING CENTER

Patient's Name _____ Sex: M / F
Last First M.I.

Date of Birth ____/____/____ Home/Cell # _____ SSN# _____

Mailing Address _____ Apt# _____

City _____ State _____ Zip Code _____

E-mail Address: _____

Primary Insurance Information

Policyholder Name _____ Date of Birth ____/____/____

Relationship to Policyholder: Self _____ Spouse _____ Child _____ Other _____

Secondary Insurance Information

Policyholder Name _____ Date of Birth ____/____/____

Relationship to Policyholder: Self _____ Spouse _____ Child _____ Other _____

HIPAA Acknowledgment

I hereby acknowledge that I have been made aware that Longhorn Imaging has a Privacy Policy in place accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). As a patient I acknowledge the following: Longhorn Imaging has a privacy policy in effect and has made this policy available for review by placing a framed version of the policy in the waiting room. I am entitled to a copy of the Privacy Policy if I desire a copy for my personal file.

Upon your review of the above please sign at the bottom acknowledging that you have been advised of the privacy policy implemented by Longhorn Imaging and have read and understand the form. If you desire a copy of the Privacy Policy please request one at this time.

- No, I do not wish to obtain a copy of the policy but I am aware one exists.
- Yes, I do want a copy of the HIPAA Privacy Policy. Policy was given to patient on _____ by _____.

Date

LIC Representative

I authorize the release of any previous results or images in the event LIC is in need of them to help with the diagnosis of my procedure today. I permit a copy of this authorization to be used in place of the original. I understand and acknowledge that I am personally responsible for the services rendered at this facility. Longhorn Imaging, Inc. will bill my insurance carrier as a courtesy. In the event of non-payment, I understand I will be responsible for any outstanding balances.

X _____
Patient signature or guardian for the minor patient

Date