

Horton's Orthotics & Prosthetics

Providing a Lifetime of Support

PATIENT CONSENT: The patient gives Horton's Orthotic Lab, Inc. (Horton's) permission to supply the Orthotic, Prosthetic, or Ped-Orthic Appliance (OPP) as prescribed by the ordering Physician as written on the Prescription or Letter of Medical Necessity. The patient also gives consent for Horton's to communicate (either verbally or written) any necessary medical information to carry out treatment, payment, or health care operations.

The patient has a right to receive official notice of his rights and has the right to read the notice before consent. The patient has the right to request restrictions and to change an existing consent form, but Horton's reserves the right not to agree to those restrictions or changes. If Horton's agrees to the patient restrictions or changes, then Horton's will abide by those restrictions or changes, unless notice is given to the patient and the patient consents in writing to those changes.

The patient also has the right to refuse this consent form or to rescind this consent form in writing. However, if the patient refuses to consent to this agreement, then Horton's has the right to refuse to treat the patient.

Assignment of Benefits / Payment Authorization: I hereby authorize payment of benefits for services rendered to be paid directly to Horton's Orthotic Lab, Inc.

Financial Responsibility: Any balance not paid by the insurance or left after an insurance payment is the responsibility of the patient or guardian / parent, if the patient is under the age of 18. If patient has no insurance, then the patient and / or guardian is responsible for the bill in full.

Notice Of Privacy Policy: We value you as a patient and take your personal privacy seriously. This is to inform you of our privacy policies in this document as to how we use, secure, and share medical records information.

Privacy Principles: We do not sell medical information to anyone for any reason. We do not provide patient information to our vendors or business associates. All patient medical record information is for the exclusive use to Horton's employees for the use of providing the prescribed Orthotic, Prosthetic, and Ped-orthic appliance as ordered by your physician. All patient medical record information is shared with your insurance company only for the purpose of payment of medical claims submitted on your behalf, and with your consent, and only if they request the information. We afford prospective and former patients the same protections as existing patients with respect to the use of personal medical information.

Use Of Medical Information: We use any medical information acquired from you or from your physician for the exclusive purpose of fitting the prescribed (OPP) appliance and for receiving payment from your insurance company, whether reimbursement is for you or for Horton's, whichever is applicable.

Secured Medical Records: All current patient records shall be kept in a locked room. The building and/or filing room containing medical records shall be secured at the end of each business day. Company personnel will not be permitted to remove original patient records from the company location. Copies of original documentation can be obtained, if needed, by clinical personnel in order to carry out their assigned duties. All copies of original documentation must be returned to the business office and shredded upon completion of use. Appropriate staff personnel shall have access to original files for entry at the company location as appropriate and their job duties. Computer passwords shall be established, maintained, and distributed to personnel having computer access clearance. The original record may not be removed from the company premises except upon receipt of a court order or subpoena.

Sharing Of Medical Record Information: Unless we have the patient's written authorization to release medical records information nothing will be released.