

1. AUTHORIZATION TO USE AND DISCLOSE HEALTH INFORMATION

By signing below, I authorize **Modern Orthopedics** and its employees or agents to use and disclose my health information as needed for treatment, payment, and healthcare operations (“Protected Health Information”). I understand that I may revoke this authorization at any time by providing written notice to the Privacy Officer, except where information has already been released in reliance on it. I acknowledge that if my information is shared with an insurer or other authorized recipient, it may be subject to re-disclosure and may no longer be protected under federal privacy laws. This authorization may be required for insurance coverage, and my insurer may contest a claim as allowed by law.

2. CONSENT FOR TREATMENT

I authorize the providers and clinical staff of Modern Orthopedics to evaluate and treat my condition. This consent includes necessary diagnostic or therapeutic procedures and, when applicable, treatment of a minor by a parent or legal guardian. I understand that every medical or surgical procedure carries risks, which will be explained before treatment. No guarantees of outcome or cure have been made. I also authorize Modern Orthopedics to access my prescription history from pharmacies, providers, or pharmacy benefit managers for coordination of care.

3. CONTROLLED SUBSTANCE MONITORING (KASPER / OARRS / INSPECT)

State law requires your physician to review prescription-monitoring databases such as KASPER, OARRS, or INSPECT before prescribing certain controlled substances. These secure systems track Schedule II–V medications dispensed by pharmacies. If a controlled substance is prescribed, your monitoring report will be reviewed and kept as part of your medical record in compliance with state and federal regulations.

4. FINANCIAL AGREEMENT AND ASSIGNMENT OF BENEFITS

I agree to pay all charges for services provided by Modern Orthopedics according to the clinic’s standard rates and terms. As a courtesy, the practice will file my primary, secondary, and tertiary insurance claims. I authorize Modern Orthopedics to release medical information necessary to process these claims and request that benefits be paid directly to the practice. I remain financially responsible for any services not covered by insurance. Elective surgeries may require a 50% deposit or collection of any deductible before scheduling. Patients without insurance must pay a deposit before being seen. If my account is referred for collection, I will be responsible for reasonable attorney fees, court costs, and interest. Credit balances will be refunded after all claims are finalized and issued by check. Returned or reissued refund checks may incur an administrative fee.

5. NOTICE OF PRIVACY PRACTICES

I acknowledge that I have received or been offered a copy of Modern Orthopedics' Notice of Privacy Practices. The Notice is available in the office, upon request, and online at www.modernjoints.com/privacy

6. MEDICARE COMPLIANCE

Modern Orthopedics is committed to Medicare compliance. If you have a complaint or question regarding our Medicare policies, contact our Compliance Officer at (513) 525-1234.

7. RELEASE OF INFORMATION FOR BILLING AND OPERATIONS

I authorize Modern Orthopedics to release medical and billing information, as described in Section 1, to: (a) any payer, administrator, or entity responsible for or potentially liable for payment of claims; (b) physicians or independent practitioners involved in my care; (c) providers or facilities involved in my follow-up care, such as home health agencies, nursing homes, or physicians; and (d) any licensing or accrediting organization as needed for compliance or accreditation purposes.

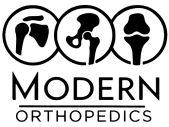
8. WORKER'S COMPENSATION PATIENTS

Modern Orthopedics requires all private medical insurance information at registration for Worker's Compensation cases. If a Worker's Compensation claim or any related service is denied, the claim will be submitted to the patient's private insurance, and the patient will be responsible for any remaining balance.

9. MINOR PATIENTS

The parent or guardian accompanying a minor to the initial visit is responsible for the copayment and all charges for services provided at that visit, regardless of any court order assigning financial responsibility to another parent or guardian

Parent/Guardian Initials: _____



**AUTHORIZATION FOR CONSENT
RELEASE OF INFORMATION & FINANCIAL AGREEMENT**



10. TEXT MESSAGE COMMUNICATION

Modern Orthopedics uses a secure, HIPAA-compliant texting platform for appointment and billing reminders. By signing below, you consent to receive text messages from Modern Orthopedics. You may opt out at any time by notifying the office. Refusal to consent will not affect your right to receive care

11. AI SCRIBING AND VOICE DOCUMENTATION

Modern Orthopedics utilizes secure, HIPAA-compliant artificial intelligence (AI) technology to assist with medical documentation. During your visit, portions of the conversation between you and your provider may be recorded and transcribed by this system to generate accurate clinical notes. The recordings and transcriptions are used solely for clinical documentation and are stored securely within our electronic medical record (EMR) system. No information is used for marketing, research, or shared outside of Modern Orthopedics.

ACKNOWLEDGEMENT AND SIGNATURES

I have read and understand this Authorization, Consent, and Financial Agreement. I authorize the use and disclosure of my health information in accordance with this document. I affirm that I have the right to consent to treatment for myself (or the minor patient identified below) and that all information provided is accurate.

Signature (Patient): _____

Date: _____

Signature (Legal Representative): _____

Date: _____

Printed Name: _____

Relationship to Patient: _____

Signature (Witness): _____

Date: _____