RED RIVER SLEEP CENTER

Paul A. Guillory, MD | Renick P. Webb, MD
"Leaders in helping you feel truly rested."
AASM ACCREDITED

Records Permission | Acknowledgement

I give Red River Sleep Center, Inc., its staff and its members permission to speak with the people/service providers/organizations listed below regarding: my health status (including: diagnosis, treatment options, plans/payment for health services I receive), contact information (including: names, addresses, email, phone/fax numbers), dates (including: DOB, dates of service, other), and personal information (including: social security number, account numbers, codes). This consent is valid until such time as I provide Red River Sleep Center, Inc. written revocation of it. Name and relationship of spouse and parents must be listed to be legally recognized.

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Email records to: _____

Fax Number (Grant permission to fax records to this number): _____

Physicians/Medical Providers _____

I have been presented with the Red River Sleep Center, Inc. Notice of Privacy Practices, detailing how my information may be used and disclosed as permitted under federal and state law. I understand the contents of the Notice, and I request the following restrictions(s) concerning the use of my personal medical information:

_____

_____

Further, I permit a copy of this authorization to be used in place of the original, and request payment of medical insurance benefits either to myself or to the party who accepts assignment. Regulations pertaining to medical assignment of benefits apply.

_____ _____

Signature of Patient or Representative **Date**

(THIS FORM IS TO BE FILED IN THE PATIENT'S MEDICAL RECORD AND WITH THE INSURANCE/BILLING)

If the patient refuses to sign, indicate your attempt to obtain a signature below.

☐ Patient refused to sign this acknowledgement form.

_____ _____

Red River Sleep Center Representative Date