





## Patient Information

Are you seeking care for an accident-related injury? \_\_\_\_ YES\* \_\_\_\_ NO Work related? \_\_\_\_ YES\* \_\_\_\_ NO

\*Note: NFAS does NOT treat accident-related injuries. Please alert the front desk.

I UNDERSTAND THAT I AM RESPONSIBLE FOR ALL CHARGES INCURRED BY ME REGARDLESS OF MY INSURANCE COVERAGE. I ACKNOWLEDGE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

\_\_\_\_\_  
Patient / Guardian – Print Name

\_\_\_\_\_  
Patient / Guardian – Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient / Legal Guardian – Print Name

\_\_\_\_\_  
Patient / Legal Guardian – Signature

\_\_\_\_\_  
Date



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### *Acknowledgment and Authorizations*

I have read and understand the attached HIPAA Notice of Privacy Practices provided to me by Northstate Foot & Ankle Specialists:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby assign my insurance benefits to be paid directly to the healthcare provider and I authorize the release of medical information required to process my claim:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

I acknowledge that the Physical Therapy staff are employees of Northstate Foot & Ankle Specialists and that any patient services rendered are treated as income to the practice. I further acknowledge that I may seek physical therapy at another facility:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

I acknowledge that I have received contact information for the Board of Podiatric Medicine (2005 Evergreen St., Ste. 1300 Sacramento CA 95812; 916-263-2647) and the Physical Therapy Board (2005 Evergreen St., Ste. 1350 Sacramento CA 95815; 916-561-8200) should I want to contact them:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

I authorize Northstate Foot & Ankle Specialists to obtain/have access to my medication history as it relates to my care:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

I authorize my provider's office to contact me by mobile phone:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

OR: \_\_\_\_\_ I do not want to be contacted by cell phone. Please contact our office at **530-891-3338** at your convenience to discuss any billing or other questions you may have.