

By signing my name below, I:

- Consent to receive the following documents electronically which are available through our Patient Portal or through our website unless I request a non-electronic paper copy of the documents disclosed herein.
 - Focus Neurohealth's Notice of Privacy Practices
 - Focus Neurohealth's Financial Policy
 - Focus Neurohealth's Advanced Practice Provider (APPs) Information Guide
- Authorize:
 - To release any information regarding services rendered to me to third party payers in consideration of payment for my care or to other healthcare providers involved in my care. I understand payment of all insurance benefits, basic and major medical for this period of service must be made directly to Focus Neurohealth. I understand that Focus Neurohealth must collect for all charges not covered by insurance payments. Payment for all collection costs, securing, or attempting to collect necessary otherwise is the financial responsibility of the patient or guardian. Patients who are considered a legal adult are financially responsible for all services rendered.
 - I understand that the following authorizations are to be used by Focus Neurohealth and all the physicians associated therewith to affect the collections on my behalf. These authorizations become effective on the date of the first service rendered on my behalf and remain in effect until specifically revoked in writing by me. Copies of this agreement will be valid as this original
- Understand the following policies:
 - Patient Portal Use: The use of our patient portal is mandatory. You will receive access to this account where you can view lab results, notes, and imaging ordered by our practice. If you have any questions or concerns, please contact us to schedule a follow-up appointment. Please note that Focus Neurohealth will not be liable for any delay in results or abnormal results if you choose not to access your account.
 - Communication Policy: To ensure we can service your account or collect any payments you owe, our team may contact you at any telephone number associated with your account, including wireless numbers. Please note that this may result in charges to you. We may also send text messages or emails to any address you provide. Our methods of contact may include pre-recorded/artificial voice messages and/or the use of automatic dialing devices. By agreeing to this policy, you confirm that Focus Neurohealth, its employees, and/or agents may contact you as described above.
 - Compliance with Policies: Your agreement to these policies is important to us. Please understand that failure to comply with any of the above policies may result in your discharge from Focus Neurohealth.

Patient/Legal Representative Signature

Patient Printed Name

Date

Relationship (if legal guardian)