Trinity Heritage Clinic

2204 Joe Battle Blvd. El Paso TX 79938 Tel:915-300-2276 Fax: 1-866-222-5219

I, _____ hereby consent to be photographed by Trinity Heritage Clinic for the purpose of Identification and medical treatment

I ____ have read and understand the HIPAA/Privacy Policy for Trinity Heritage Clinic

I ____ hereby assign my insurance benefits to be paid directly to the healthcare provider

I ____ authorize Trinity Heritage Clinic to release medical information required to process my claim

I ____ have read and understand the Financial Policy for Trinity Heritage Clinic

I ____ authorize Trinity Heritage Clinic to obtain/have access to my medication history

I ____ authorize my provider's office to contact me by mobile phone, including text message and leave a message/ voicemail and send an email if necessary

_____ _____ _____

Name Signature Date

_____ _____ _____

Witness Name Signature Date