



ACKNOWLEDGEMENT AND AUTHORIZATION:

- I have read and understand the HIPAA/Privacy Policy for Guiding Star Tampa.
- I hereby assign my insurance benefits to be paid directly to Guiding Star Tampa.
- I authorize Guiding Star Tampa to release medical information required to process my claim.
- I have read and understand the Financial Policy for Guiding Star Tampa.
- I authorize Guiding Star Tampa to obtain/have access to my medication history.
- I authorize Guiding Star Tampa to contact me by mobile phone.

Signed _____ Date: _____