



**AUTHORIZATION TO FURNISH INFORMATION  
SERVICE AGREEMENT**

**1. ASSIGNMENT OF BENEFITS**

**Private Insurance**

The Jemez Health & Human Services (JHHS) may disclose all or any part of the patient's protected health information (PHI) to any person or corporation which is or may be liable under a contract to the hospital, the patient, a family member and/or employer of the patient for a or part of the hospital's charges, including but not limited to, hospital or medicals services companies, insurance companies, workmen' compensation carriers, welfare funds or the patient's employer.

I hereby assign to the JHHS such insurance benefits (if any) that I may have pertaining to payment for medical services and supplies furnished to me by the JHHS. I authorize payment of such benefits directly to JHHS. I understand that this assignment applies to hospital, physician services and supplies furnished to me, cover previous visits and will continue until revoked in writing.

**Medicare/Medicaid**

I hereby assign to the Jemez Health & Human Services (JHHS) such insurance benefits (if any) that I may have pertaining to payment for medical services and supplies furnished to me by the JHHS during the period \_\_\_\_\_ to \_\_\_\_\_. I authorize payment to such benefits (if any) directly to JHHS. I understand that this assignment applies only to medical services and supplies furnished to me during the period designated. Releases of protected health information (PHI) to substantiate appropriate insurance claims are authorized.

**2. RELEASE OF INFORMATION FOR BILLING SERVICES AND REVIEWS**

JHHS may disclose all or any reasonable part of the patient's record to include information pertaining to medical history mental or physical condition, alcohol/drug abuse and psychiatric diagnosis to any person or entity for the purpose of billing all or part of the hospital's charge to include but not limited to any person, insurance companies, employer, pre-admission review, utilization review, evaluation, financial audit for any purposes reasonably related to these activates. The undersigned understands that this authorization will remain in effect for a long term period of inpatient and outpatient services, unless revoked in writing prior to that date.

**3. ACKNOWLEDGEMENT OF RECEIPT OF JCHC NOTICE OF PRIVACY PRACTICE**

I hereby acknowledge receipt of the Jemez Comprehensive Health Center Notice of Privacy Practices at the Jemez Comprehensive Health Center which governs my rights as a patient. I have been informed that my record is or will be kept in the Health and Medical Records System at the Jemez Comprehensive Health Center, 110 Sheep Springs Way, Jemez Pueblo, NM, 87024.

**3a. FOR PATIENTS UNABLE TO ACKNOWLEDGE RECEIPT JHHS PRIVACY PRACTICES**

I hereby certify that the patient was unable to acknowledge receipt of the JHHS Notice of Practice because: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of JHHS Staff

\_\_\_\_\_  
Date

**4. American Indians/Alaska Natives (if applicable)**

Jemez Health & Human Services regulations require all patients to provide proof of Tribal Membership with a federally recognized tribe. Eligibility to receive medical services are determined by verification of tribal enrollment. Patients who do not have tribal enrollment information in their medical file are required to provide this information **within 30 days**. The Certificate of Indian Blood or other tribal enrollment identification is accepted as proof of Indian Blood.

**You hereby acknowledge the responsibility to provide Proof of Indian Blood. This facility may bill you for any services rendered.**

Information on tribal enrollment may be provided to you by your respective tribal offices and/or agencies.

By signing this form, I have read and understand the contents above. Interpretation of this agreement was explained to me in English and/ or in my native language.

\_\_\_\_\_  
Patient's/Guardian/Guarantor Signature

\_\_\_\_\_  
Patient Name (Print)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Date

\_\_\_\_\_  
Interviewer's/Witness Signature/Initials

\_\_\_\_\_  
Date

Chart# \_\_\_\_\_