



RD, CDCES
Registered Dietitian
Certified Diabetes Care &
Education Specialist

Patient Name: _____ **Date of Birth:** _____

Financial Agreement

The financial policy of TDNC, LLC has been explained to me. I understand that I am financially responsible for all non-covered services, co-pays and deductibles and/or co-insurance. I authorize and give consent for my provider to bill me directly for recommend services performed that are not covered under the terms of my health plan. I authorize TDNC, LLC to release any medical information to process this claim per HIPAA policy.

Privacy Policy (HIPAA Agreement)

I understand that HIPAA has implemented procedures that require specific authorization for release of my information. I acknowledge receipt and have read and understand the HIPAA agreement, or I previously received this information and decline another copy. I understand I can change a decision regarding opting out or opting back in at any time by requesting the appropriate forms from my provider.

Contact Consent

I agree to the following statements and understand that I can revoke these at any time by informing TDNC, LLC in writing:

- Home/cell phone #: Our office may leave a message with a callback number, appointment reminder, and/or medical recommendations.
- Written communication: Our office may mail information to your home address or send an email.
- Text Messaging: our office may text information including medical recommendations and/or appointment reminders.
- Visit conducted today via telehealth encounter. Telephone and/or secure audio/visual platform were used. Patient consented prior to appointment regarding limitations of telehealth and agreed to proceed.

If not signed by the patient, please indicate relationship: Parent/guardian of minor patient

Conservator of an incompetent patient Personal representative of deceased patient

Name of patient: _____

Acknowledgment refused. Reasons for refusal: _____

Signature of Patient/Legal Guardian: _____ Date: _____

Print Name of Patient/Legal Guardian: _____