



NuTech Institute LLC

Privacy Practices Acknowledgment, Consents, and Assignment of Benefits

INITIALS

Acknowledgment of Receipt of Notice of Privacy Practices and Company Policies

By signing below, I certify that NuTech Institute LLC has made available to me a Notice of Privacy Practices. The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that might occur in my treatment, payment of my bills or in the performance of NuTech Institute healthcare operations. The Notice of Privacy Practices also describes my rights and NuTech Institute's duties with respect to my protected health information. NuTech Institute reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a revised Notice of Privacy Practices by calling the office and requesting a revised copy be sent in the mail or by asking for one at the time of my next appointment.

Medicare DMEPOS Supplier Standards Acknowledgement (For Medicare Beneficiaries Only)

I certify that I have received a copy of the CMS Medicare DMEPOS Supplier Standards.

Patient Rights and Responsibilities

I certify that NuTech Institute has made available to me a copy of my Patient Rights and Responsibilities.

Consent for Contact

I, the undersigned, consent to be contacted by NuTech Institute by phone call, e-mail, US Postal Service or other means to follow-up on my care.

Use of Images

By signing below, I understand that NuTech Institute may use my likeness in a photograph or video as part of its marketing efforts including but not limited to publication in external communication and social media posts. I waive the right to inspect or approve the finished product wherein my likeness occurs. Additionally, I waive any right to royalties or other compensation related to the use of those images.

Consent to Provide Services and/or Products

I understand that by signing this agreement, I indicate my wish to purchase orthotic and/or prosthetic products or services, or both, from NuTech Institute. I understand that I am under the supervision and care of my attending physician. I understand that my physician has prescribed the orthosis/prosthesis noted as part of my treatment. I also understand that due to the nature of the products supplied by NuTech Institute that they cannot be returned.

Assignment of Benefits

I, the undersigned, hereby authorize NuTech Institute to request on my/our behalf and to collect directly all public and private insurance benefits due for products and/or services supplied to me by NuTech Institute. In the event payments for insurance benefits are made directly to any of the undersigned, the patient will endorse to NuTech Institute all checks for such payments.

Consent to Coordinate Care and Release of Medical Records

By signing below, I authorize all medical personnel to provide information to NuTech Institute concerning my medical history, as it may relate to my treatment. This includes collecting medical information from any physician, surgeon, medical facility and/or physical therapist seen by me. NuTech Institute will comply with all HIPAA rules and regulations.



Insurance Coverage

By signing below, I agree to inform NuTech Institute of any changes in my insurance coverage. If my insurance coverage changes or is terminated, I understand that I am responsible for all charges of services and devices delivered to me or in fabrication

Patient Printed Name

Patient Date of Birth

Patient/Guardian Signature

Date

Guardian Printed Name

Relationship to Patient