

Release of Information

You authorize your Medicare and/or medical insurance benefits to be paid directly. You understand that you are financially responsible for non-covered services as well as any deductibles, coinsurance or amounts in excess of insurance benefits. If coverage is denied, you give consent to appeal to the insurance on your behalf. You authorize Vita Health, PLLC, its affiliates, employees and agents, to release by electronic means or otherwise any medical and/or billing information concerning your care, including copies of your medical records to the following:

- Any person or entity responsible for payment for the services rendered to you at Vita Health, including third party payers, self-insurers, worker's compensation carriers and government agencies or any person or entity acting as the agent or contractor of such party responsible for payment, in connection with obtaining payment for the services rendered to you by employees of Vita Health or any person providing services at Vita Health.
- Federal, State or other governmental agencies or such other parties required by law for reporting purposes or for purposes of determining eligibility in government sponsored benefit programs.
- Any health professionals involved in your care for the purpose of facilitating the continuity of your care including your personal primary care physician, therapist, inpatient facilities or any other referring physician/payer.

I acknowledge that the above authorization has no expiration date and is valid to authorize the release of medical records and billing information at any time a valid request is received.