



## Revenue Cycle and Patient Access Policy and Forms Sign-off

Below is an updated list of forms and policies for immediate use in all Trinity Medical, WNY sites.

I recognize that I am responsible for understanding and utilizing these during my Trinity Medical, WNY work tenure. I also understand that any former policies and forms referencing these processes be replaced by these.

I have received and reviewed the following documents:

- Trinity Medical Notice of Privacy\_\_\_\_\_
- Trinity Medical Financial Agreement and HIPAA Consent\_\_\_\_\_
- Trinity Medical Patient Demographic\_\_\_\_\_
- Trinity Medical Payment Policy\_\_\_\_\_
- Trinity Medial No Fault\_\_\_\_\_

By signing below, I acknowledge that these processes are a part of my job duties and will utilize them as required.

\_\_\_\_\_  
Associate Name (print)

\_\_\_\_\_  
Associate - Signature

\_\_\_\_\_  
Date and Associate ID Number