

General Consent

Consent to Treat

I consent to and authorize the physicians, nurses and other healthcare providers at Children's Respiratory & Critical Care Specialists, P.A. ('CRCCS') to perform appropriate healthcare examinations, treatment, diagnostic testing or medication administration as deemed medically necessary by their professional judgment. I know that there are some risks with all medical treatments and procedures and I understand that no one can guarantee how well treatments or procedures will work.

CRCCS is a teaching clinic. In addition to my clinician and other medical support staff, I may receive care from people who are in training. They are supervised by licensed health care providers. I may decline to have these individuals involved in my care and this will not affect my care or treatment.

Assignment of Benefits/Payment for Services

I authorize payment of any and all benefits to CRCCS. I know that I must pay for any charges for my care that are not covered by my insurance, health plan, or government programs. I realize I must cooperate with CRCCS to get payment for my care. If I am eligible for payment from more than one type of coverage, CRCCS will return any extra payments to the payor. If I have an unpaid bill at CRCCS, any refunds due to me will be put on my unpaid bill. If there is money left over after my bill is paid, I will get a refund from CRCCS.

Release of Information for Treatment, Payment and Health Care Operations

I consent to and authorize CRCCS to use and disclose my protected health information for **treatment, payment and healthcare operation purposes**, including care coordination and quality assessment and improvement activities. Releases for these purposes may be made to insurance companies, health plans, government programs, e-prescriber databases, payer network organizations, including clinically integrated networks and/or accountable care organizations in which my provider participates, and other healthcare providers involved in my care and treatment. Additionally, I consent to and authorize my insurance company to share my protected health information for the purposes stated above to CRCCS or a clinically integrated network or accountable care organization in which CRCCS participates.

Release of Information for Research Purposes

I consent to and authorize the release of my protected health information for medical and scientific research purposes.

Patient Rights and Privacy Practices

You and your family's rights and our privacy practices are posted in main areas within CRCCS. Your signature acknowledges receipt of our Notice of Privacy Practices. If you have any questions concerning your rights and/or our privacy practices, please contact your care provider or CRCCS's Privacy Officer.

Other Individuals Authorized to Consent to Treatment

In addition to the legal guardians of the patient, the following persons are authorized to consent to recommended medical care for my child: Name and relationship to patient (e.g., grandparent, daycare provider, etc.):

Name:

Relationship to child:

1. _____

2. _____

Mobile Phone Consent

Yes, CRCCS may call my provided mobile phone number about the care, treatment, services and accounts using pre-recorded messages, automatic telephone dialing systems and/or text messages. Standard text message and minute usage rates may apply. I am aware information in a voice or text message may not be secure and that providing this consent is not a condition of receiving treatment.

My signature here means I have read this information and understand it. This consent is valid until revoked in writing.

Patient Name: _____ **Patient DOB:** _____ **Date:** _____

Patient/Parent/Guardian Signature: _____ **Relationship to Patient:** _____

Name of Interpreter (if used): _____ **Telephone consent obtained by (Name/Date/Title):** _____

Click to Submit

**NOTE: By submitting this document to Children's Respiratory & Critical Care Specialists, you are providing implied consent that you understand the risks of sending personal health information in a non-secure email format.*