7RSDUHQW RU JXDUGLDQ

3OHDVH FRPSOHWH WKH DWWDFKHG SDSHUZRUN DQG UHWXUQ WR \RXU VFKRRO QXUVH RU +HDOWK R
VRW KH FDQ VHQG D [FRS\

,I \RX SUHIHU WR ID[WKHVH GRFXPHQWV WR XV WKH ID[Q

7KLV SURYLGHV \HDUO\ FRQVHQW IRU RXU VWDII WR SURY
\RXU FKLOG LQ VFKRRO 7KLV LV VLJQHG DW WKH EHJLQQLQJ
FDOO \RX WR JDLQ YHUEDO FRQVHQW IRU HDFK LQGLYLGX

7KH IRUP 5HOHDVH RI ,QIRUPDWLRQ DOORZV H[FKDQJH RI LQIRUPDWLRQ
UHJDUGLQJ \RXU FKLOG 7HOHPHGLFLQH YLVLW ZLWK \RXU FKLOG V QXUVH DQG RU
SHGLDWULFLDQ 7KLV LV D YROXQWDU\ FRQVHQW

,I \RX KDYH DQ\ TXHVWLRQV SOHDVH GR QRW KHVLWDWH WR FRQWDFW *ROLVDQR
&KLOGUHQ V 3HGLDWULF 7HOHPHGLFLQH &RRUGLQDWRU

! 5,$ 7K T

TELEHEALTH CONSENT

SH 419TELE MR

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(a) mitting spe cific e tails of m ne dical histor /ph sicale amination that ae pe rsonall e nsitie ;
(b) Asking non-ne dical pe rsonne l toe ae the ete le me dicine e amination room; and/or
(c) Te rminating the consultation at an time .

. The alt rnatie s to a ete le alth appointme nt/consultation hae lee ne plaine d to me . In choosing to participat in a ete le alth appointme nt/consultation, I une l rstand that some parts of the isit, such as the ph sicale am, ma le conduct d b indi iduals at m location at the dic ction of the consulting le alth cae pro ie l r, as indicat d.

6. In an **emergent** consultation, I une l rstand that the e sponsibilit of the ete le me dicine consulting spe cialist is to ad ie m local practitione r and that the spe cialist's e sponsibilit ill conclue upon the e rmination of the ie l o conf e ne conne ction.

7. I une l rstand that e pending on factors such as m location, m le alth insurane , and the e r ie s I am e e i ing, billing ma occur from both m le alth cae pro ie l r and the facilit at hich I am pe e nting for m appointme nt. If m le alth insurane is Me dicaid and I am e e i ing ete le ps chiatr e r ie s in a location that is lie ne d b the Ne York Stat ffie of Me ntal He alth, I une l rstand that billing ill onl occur from the facilit at hich I am pe e nting.

. I hae had a die ct conе rsation ith m le alth cae pro ie l r, during hich I had the opportunit to ask que stions in e gard to this proe due . M que stions hae lee n ans e e d and the risks, le e e fits and an practical alt rnatie s hae lee n discuse d ith me in a languag in hich I une l rstand.

By signing this form, I certify that:

- I hae e ad or had this forme e ad and/or had this forme plaine d to me
- I full une l rstand its conte nts including the risks and le e e fits of the ete le alth appointme nt/consultation
- I hae lee n gie n ample opportunit to ask que stions and that all que stions hae lee n ans e e d to m satisfaction.
- I cone nt to this ete le alth appointme nt/consultation.
- I hae lee n pro ie d ith the Unie rsit of Roche ste r Me dical Ce nte r and Affiliate s Notie of Pri ac Practie s.

Pati nt/Pae nt/Guardian Signature

RR DONNELLEY

PATIENT CARE AGREEMENT

SMH 660 MR

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B signing le lo , I agree to the follo ing for all care pro ided b this facilit or b m te ating profe ssionals:

1. **Treatment Authorization.** If I am the patie nt, I cone nt to proe dure s and care , including photographs or e cordings, m te ating profe ssionals e comme nd for me . If I am signing for a patie nt ho is unable to cons nt, I cone nt to proe dure s and care , including photographs or e cordings, the patie nt's profe ssionals e comme nd. If aske d, I ill docume nt that I am authorie d to cone nt for the patie nt.
2. **Release of Medical Information.** This facilit and m te ating profe ssionals ma ue and disclo e patie nt le alth information for te atme nt, pa me nt and le alth care ope rations. I authorie e e lease of this information to goe rnme nt age ncie s (such as Me dicare and Me dicaid), insurane carie rs, le alth plans, utili ation e ie age nts, home care , assiste d li ing, nursing home s and primar care pro ide rs.
3. photog docume t all care phospitordimar onals ma pro ide d b thske d,tie nbcume ormno l ime le t idl docume le g, o conl cacnge e e i 1 .791 -90 0 9 T

RR DONNELLEY

PARENTS' BILL OF RIGHTS

Patients' Bill of Rights