

Dallas Nephrology Associates

CONSENT FOR MEDICAL CARE AND TREATMENT

CONSENT FOR ALTERNATE COMMUNICATION

I understand that I may have a medical condition that could possibly require examination, diagnosis and treatment. I do hereby voluntarily consent to such examination, diagnosis and treatment, services, and procedures that may be recommended under the general and specific instructions of the physicians of Dallas Nephrology Associates, their assistants, or designees. I acknowledge that the practice of medicine is not an exact science and that the physicians of Dallas Nephrology Associates have made no guarantees to me as to the result of examination, diagnosis or treatment.

Dallas Nephrology Associates recognizes the importance and significance of maintaining confidentiality of information regarding a patient's medical condition. We also want to provide our patients timely communication as to laboratory/diagnostic test results and patient medical information. We understand that because of the patient's schedules and our office schedules, personal communication may sometimes be difficult. Dallas Nephrology Associates would not, under any circumstances, leave messages regarding sensitive medical information with unauthorized third parties. Acknowledging that it may be difficult for the physician/physician's staff to personally communicate with the patient regarding laboratory/diagnostic test results, or patient medical information, it is the policy of Dallas Nephrology Associates to leave such information on the patient's telephone answering machine unless you indicate that you do not consent to leaving such messages on your answering machine.

I consent I do not consent

If the physician/physician's staff cannot reach the patient at the home, cell or business telephone, it is the policy of Dallas Nephrology Associates that a message will be left with the person that answers the telephone to advise the patient to return the phone call unless you indicate you do not consent.

I consent I do not consent

It is the policy of Dallas Nephrology Associates not to release confidential medical information to patient's family members unless the patient consents to the release. We will not discuss your medical condition, or release diagnostic test results to anyone without your consent. **Information regarding my medical condition, including laboratory and diagnostic test results, can be given to (name of designated person)**

 I consent I do not consent

It is the policy of Dallas Nephrology Associates to participate in or support clinical research designed to use patient data to improve diagnosis and treatment of medical illnesses; such research may necessitate the review or disclosure of the patient's medical records to research staff unless you indicate you do not consent.

I consent I do not consent

It is the policy of Dallas Nephrology Associates to send appointment reminders to our patients, either by telephone, e-mail or reminder cards unless you indicate you do not consent.

I consent I do not consent

Signature of Patient _____ Date _____

(This consent can be revoked at any time with your written request.)

If you have a Personal Representative /Guardian who has been given authority to act on your behalf, please provide us with that name and contact information.

Personal Representative/Guardian Telephone No.

Witness Date