



## Weight Loss Clinic Consent

Thank you for choosing Silver Birch Medical Clinic for your medical care. This Consent to Medical Care Agreement authorizes SBMC to provide you medical care, share your health information and seek payment for the services provided. In this document, "Patient" means the person receiving treatment. "Patient Representative" means any person acting on behalf of the Patient and signing as the Patient's lawful representative. Use of the word "I", "you", "your" or "me" may in context include both the Patient and the Patient Representative. With respect to financial obligations "I", "you" or "me" may also, depending on the context, mean the "Guarantor", who is the financial guarantor of the Patient's account.

*Acknowledgment of Notice of Privacy Practices:* The Health Insurance Portability and Accountability Act of 1996 ("HIPAA") is a federal law that protects the privacy and security of your health information anywhere in the United States. The *Silver Birch Medical Clinic Notice of Privacy Practices* is a complete description of your HIPAA privacy rights as a patient of Silver Birch Medical Clinic ("SBMC"), and further describes the ways in which HIPAA permits SBMC to use and disclose your healthcare information for its treatment, payment, healthcare operations and other prescribed and permitted uses and disclosures. By signing below, you acknowledge that you have received the *Silver Birch Medical Clinic Notice of Privacy Practices*.

*Consent for Diagnosis, Care and Treatment:* I consent to and authorize SBMC and our health care providers who may be involved in my care at SBMC to provide such diagnosis, care and treatment considered necessary for the condition for which I am seeking medical care or as may otherwise be advisable for my wellbeing. I consent to the procedures which may be performed during an episode of care, including but not limited to, clinic treatment or services, laboratory procedures, diagnostic procedures and medical, nursing or surgical treatment or procedures ordered by a physician, allied health professional or other licensed practitioner. To facilitate my diagnosis, care and treatment, I further consent to evaluation and examination by a physician who may be physically distant from me via telemedicine technologies, including but not limited to, two-way video, digital images, and other telemedicine technology as determined by SBMC and as permitted by applicable law. I understand that the practice of medicine is not an exact science and acknowledge that no guarantees have been made to me regarding the likelihood of success or outcomes of any examination, diagnosis, test, treatment, or surgery performed at SBMC.

*Personal Valuables:* I acknowledge that SBMC requests that patients not bring valuable items into its facilities. I understand that my personal property is my responsibility and that SBMC is not responsible for the loss, destruction or theft of my personal property. SBMC shall not be liable for the loss of or damage to any personal property, including but not limited to, money, purses, glasses, jewelry, cell phones, electronic devices, or other articles of unusual value.

*Patient Recording Prohibited:* I understand that I am not allowed to take pictures or make video recordings of my care, other patients, visitors, SBMC employees and physicians in the SBMC facility.

*Consent to Telephone Communication:* I expressly agree and consent that SBMC or its authorized agents may contact me by telephone or text message at any telephone number I have provided or that is otherwise associated with my account and that such communication may result in my incurring fees for the call or text message. I understand, acknowledge and agree that SBMC may contact me by automatic dialing devices and through pre-recorded messages, artificial voice messages or voicemail messages. I further agree that SBMC and its authorized agents may contact me using e-mail at any e-mail address I provide to SBMC or that is otherwise associated with my account.

