



Renee Family Health and Psychiatric Nurse Practitioner Office PLLC
Virtual Office
Reading PA 19601
1(800) 235-9770

0. Consent for Use of a Physician Extender

- I am aware that the following physician extenders may be used for my care under the direction of Dr. Renee Denobrega: Physician Assistant: _____ Nurse Practitioners:

- I have received a copy of the definition, scope of the practice policy and procedure for the use of physician extenders. I have been informed that should I choose to have a physician extender involved in my care that there will be no facility charge for this service. My physician may bill my medical insurance for the services of a physician extender affiliated with their practice and I may be responsible for any uncovered charges.
- I am further aware that I may contact the practice administrator, Director, or Provider at anytime should I have questions regarding the use of physician extenders. I further understand that I have the right to request that the physician extender not be involved with my care. I further understand that I have the right to change my decision regarding the involvement of a physician extender in my care. I will discuss such changes with my Provider. All questions related to the use of physician extenders have been answered to my satisfaction.
- I agree to have the above physician extender involved in my care.
- I DO NOT agree to have a physician extender involved in my care.

Initials:

Date: