



107 N St Rd 135, Suite 103
Greenwood, IN 46278
(317)550-4510

Treatment Consent

Academy Primary Care – Updated Nov 26, 2024

Patient Consent for Treatment

1. I voluntarily consent to any and all health care treatment and diagnostic procedures provided by Academy Primary Care and its associated physicians, clinicians and other personnel. I am aware that the practice of medicine and other health care professions is not an exact science and I further state that I understand that no guarantee has been or can be made as to the results of the treatments or examinations at Academy Primary Care.
2. I agree to be contacted via email or SMS with information related to my visit, like; a patient portal invitation, post-visit satisfaction survey, appointment or checkup reminders, health tips, or new services that relate to me or my family.
3. I consent to the use and disclosure of my/the patient's protected health information for purposes of obtaining payment for services rendered to me/the patient, treatment and health care operations consistent with the Academy Primary Care Notice of Privacy Practices.
4. I authorize payment of medical benefits to Academy Primary Care physicians or their designee for services rendered.
5. I give permission to obtain all medication/prescription history when using an electronic system to process prescriptions for my medical treatment.

Patient Signature
(Authorized Representative)

Date