



General Consent and Acknowledgment of Notice of Privacy Practices

Patient Name: _____ MRN: _____ DOB: _____

It is important to Her Kare that you are informed about your care, and options for treatment so that you may make the best decisions regarding available treatments or procedures. At this point in your care, no specific treatment plan has been recommended for you. This consent form is designed to obtain your permission to perform the evaluations necessary to identify the appropriate treatment and/or procedures for any identified condition(s).

This consent provides us with your permission to perform reasonable and necessary medical examinations, testing and recommend treatment options based on your body, symptoms, acute conditions, and general health. This consent is continuing in nature, and allows us to make diagnoses, monitor your progress, and make recommendations for you as your situation changes, your symptoms improve, or your overall health changes. For instance, from time to time we will take blood samples for the purpose of determining specific laboratory test levels which help your provider make decisions regarding your care. In other instances, we may perform physical examinations, or ask you questions to ascertain your mental acuity. These are all part of the evaluation process, and you are consenting to allow your provider to perform these evaluations to properly assess your conditions. You may revoke this consent in writing at any time. You and your provider should thoroughly discuss the purpose, potential risks and benefits of any test or treatment ordered for you.

Sharing Records for Treatment

In many cases may share medical records electronically with other health care providers to allow and promote continuity of care. In some cases, the law requires us to share prescription records for certain types of drugs with state pharmacy authorities. These are important programs designed to keep you safe. If you visit another physician who also participates in the same programs, they may have access to your medical record. If they do not have access, and you want to provide them access, you have the right to ask us to send your records to the other provider. We will follow your instructions in this regard.

Voicemail and Text Notifications

As a service to our patients, HerKare provides courtesy appointment reminder calls/texts to your cellphone or email account. You may also receive appointment reminders and other information via automated telephone reminders. In some cases, if you use voicemail, we may leave you a voicemail message. The information transmitted can include protected health information. Unless you opt out of these programs, you consent to receiving such calls, texts, emails and reminders. If you do not want to participate, let us know and we will remove you from these programs.

Notice of Privacy Practices

Your provider has given you a Notice of Privacy Practices. This notice explains your rights and our rights, duties and responsibilities with regard to your protected health information. The Notice of Privacy Practices explains how we use and safeguard your protected health information. If you have any questions about this notice, you can talk to your provider, or the Privacy Officer listed at the back of the notice.

I consent to the foregoing and acknowledge receipt of the Notice of Privacy Practices:

Patient Signature

Date

If you desire to "Opt Out" of receiving important reminders initial here: _____ **(Otherwise leave this blank).**