

**ANIMAS ORTHOPEDIC ASSOCIATES
AND
SPORTS MEDICINE**

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PATIENT CONSENT FORM

CONSENT FOR TREATMENT

I voluntarily consent to inpatient and/or outpatient care and treatment performed by an AOA physician. I also consent to routine services, diagnostic procedures, medical treatment, other health care services deemed necessary by the health care provider treating me. I understand that I have a right to consent or to refuse to consent to any proposed surgery, procedure or treatment. I acknowledge that X-ray films may be taken for my condition at the time of my visit and these will be viewed by the Animas Orthopedic Associates physicians. I understand that the practice of medicine and surgery is not an exact science and acknowledges that no guarantee have been or will be made regarding the results of examinations or treatments in this clinic.

CONSENT OF DISCLOSURE(For the usage and/or disclosure of protected health information)

I hereby give consent to Animas Orthopedic Associates and Sports Medicine (AOA) to use and disclose my protected health information (PHI) for the purpose of treatment, payment and health care operations (TPO). AOA's Notice of Privacy Practices provides more detailed information about the usage and disclosure of my protected health information. I have the right to review the Notice before I sign this consent. AOA reserves the right to amend the Notice of Privacy Practices. I may obtain a copy of the current policy by contacting AOA at (970) 259-3020. I have the right to request restriction on the usage and disclosure of my protected health information for the purposes of treatment, payment or health care operations. AOA is not required to grant my request, however, if it does, it is bound by the agreement. I understand, with respect to payment for treatment received, that although I may be covered by insurance, I am personally responsible for all charges, unless the charges are covered under workers' compensation insurance. I may cancel this consent in writing except to the extent that AOA has already made disclosures in reliance upon my prior consent. If I do not sign this consent, Animas Orthopedic Associates and Sports Medicine may decline to provide treatment to me.