

# ADVANCED INTERNAL MEDICINE

\*Please initial each section and sign below\*

## CONSENT FOR TREATMENT

\_\_\_\_\_ I Hereby consent to be treated by the Physicians of Advanced Internal Medicine and the members of staff. I understand that this consent in no way compromises my rights as a patient.

## CONSENT FOR LABS

\_\_\_\_\_ Our office routinely collects blood samples we feel are necessary for Annual/Wellness visits. Your insurance company may or may not apply those labs towards your deductible therefore making it your responsibility. Although we do our best to justify the reason for ordering the labs, you could potentially receive a bill from the lab company.

**\*Most labs are sent to Quest Diagnostics. Please advise if that is not preferred.**

## HIPAA CONSENT FOR SHARING MEDICAL RECORDS

\_\_\_\_\_ We sometimes have to send your medical records to other medical facilities in order to obtain prior authorization for tests that we have ordered. We need your consent in order to do so.

\_\_\_\_\_

Patient/Guardian Signature

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Date