

Care One of Florida Patient Consent Form

Consent to Treatment

I, the undersigned patient (or Guarantor), am presenting at Care One of Florida LLC for medical services. By signing this form I consent to and authorize the performance of any medical services, including, but not limited to, examinations, treatments, medications, surgical procedures, and diagnostic procedures deemed necessary or beneficial by Care One of Florida LLC physicians and healthcare professionals.

I understand these services may include, but are not limited to:

- Evaluation and Management
- Diagnostic Tests
- Screening Tests
- Injections
- Minor Surgical Procedures
- Immunizations
- Laceration Repairs

No Guarantee of Results

I, the undersigned patient (or Guarantor), understand that Care One of Florida LLC physicians and healthcare professionals cannot guarantee any specific results of any examinations, treatment, procedure or medial care. I release Care One of Florida LLC, including its physicians, healthcare professionals, and employees, from any liability for any accident, injury, or illness that is not directly caused by the negligence of Care One of Florida LLC. I also understand that I am still responsible for the costs of any medical services, including, but not limited to, examinations, treatments, medications, surgical procedures, and diagnostic procedures performed by Care One of Florida LLC, including its physicians, healthcare professionals, and employees, even if the results are not as expected.

Authorization for Release of Information and Assignment of Third Party Payments

I, the undersigned patient (or Guarantor), authorize Care One of Florida LLC to release all necessary information to any insurance company, health plan, or other entity (third party payer) which may be responsible for paying for any medical services rendered by Care One of Florida LLC, including its physicians, healthcare professionals, and employees. I authorize and direct all payers to pay all benefits due for such medical services directly to Care One of Florida LLC, and I hereby assign such sums to Care One of Florida LLC. I understand this authorization shall remain valid unless I provide written notice of revocation to Care One of Florida LLC signed and dated by me. I understand such revocation shall not be effective to information released and/or charges incurred prior to such revocation.

Personal Property

I, the undersigned patient (or Guarantor), understand that Care One of Florida LLC is not responsible for my personal property. This includes, but is not limited to, jewelry, eyeglasses, cell phones, wallets, purses, and identification cards. I know that I am responsible for my personal property and hereby release Care One of Florida LLC from any liability for loss or damage to any of my personal property while on the premises and/or receiving treatment.

Initial _____

Financial Policy

I, the undersigned patient (or Guarantor), have received a copy of Care One of Florida LLC’s Financial Policy. I have reviewed and agree to the terms of Care One of Florida LLC’s Financial Policy.

Notice of Privacy Practices

I, the undersigned patient (or Guarantor), have reviewed the Notice of Privacy Practices, which informs me of my rights as a patient of Care One of Florida LLC. This includes how medical records are protected by Care One of Florida LLC. I agree to the terms of the Notice of Privacy Practices.

Patient Acknowledgement

I, the undersigned patient (or Guarantor), prove with my signature below that:

- The information I have given Care One of Florida LLC, including demographics and insurance information, is accurate.
- I have read, understand, and agree to all of the information, facts, and terms listed on this form.
- I have had the chance to ask any questions related to the information, facts, and terms listed on this form.
- All of my questions regarding this form have been answered

I understand that the information, facts, and terms of this form will remain in effect from the date I sign this form. I also understand that Care One of Florida LLC may adjust the information, facts, and terms of this form without notifying me.

I understand that I may withdraw this form by sending a request to Care One of Florida LLC. I understand the request must be in writing and must be signed and dated by me. I also understand that withdrawing this form may change the actions that Care One of Florida LLC is taking or may have taken.

I understand that not agreeing to the information, facts, terms, and conditions of this form may result in Care One of Florida LLC not providing medical services.

By signing below I, the undersigned patient (or Guarantor) agree and acknowledge all the information, facts, terms, and conditions of both pages of this form.

Patient/Guarantor Signature

Date

Patient Name (Print)

Patient Date of Birth

Guarantor Name (Print)
Relationship to Patient