

Consent to Evaluate and Treat: I, for myself, or the patient, hereby consent to such medical evaluation (e.g. impairment rating, IME) and/or treatment and diagnostic procedures (e.g. x-rays, MRI videotaping) as necessary and appropriate for my condition or illness based on the judgment of my physician(s), to be performed by the physician(s), physician assistant(s), nurse(s) or other healthcare provider(s). I have had, and will continue to have, an opportunity to discuss treatment options with my healthcare provider, ask questions regarding such treatment options and understand the options discussed. OrthoIllinois respects and strives to protect our patients' privacy. For this reason, still photography, video and audio recordings are prohibited in the clinic. Thank you for understanding.

Consent to Exchange Data: I consent to exchange medical data with other entities as necessary regarding my care at OrthoIllinois.

Financial Policy/Insurance Release: I understand OrthoIllinois will file insurance claims on my behalf, when applicable, and that my payment benefits will be paid directly to the practice. Any remaining balance amount is my responsibility. I further understand should the account be referred to a collection agency for collections, that the undersigned will be responsible for all collection expenses. I have received a copy or was informed to view the full OrthoIllinois financial policy at www.orthoillinois.com.

Notice of Privacy Practice (NPP): NPP tells you how OrthoIllinois may use and share your health records. It also describes your rights with respect to your healthcare records. **Please read it.**

- We will use and share your health records to treat you and to bill you for the services we provide.
- We will use and share your health records for your treatment purposes.
- We will use and share your health records to run our business.
- We will use and share your health records as required and allowed by law.

I understand that the NPP is available on the OrthoIllinois website (www.orthoillinois.com) and I can also request a copy at any one of our offices.

Durable Medical Equipment and Prosthetic and Orthotic Devices: OrthoIllinois meets the standards established by Medicare for all providers of durable medical equipment and prosthetic and orthotic devices. To view a copy of these standards, please visit the cms.gov website. www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/DMEPOSQuality/DMEPOSQualBooklet-905709.html

Communication Authorizations:

Voicemail: I authorize physicians and staff members of OrthoIllinois to leave detailed messages pertaining to my medical care on my home or mobile phone.

Text: I further authorize the use of text messaging by my providers when necessary to perform treatment on my behalf and stay up to date on appointments and other communication with physicians and staff members of the practice.

Email: I am providing my email address to OrthoIllinois in order to utilize the patient portal system and to benefit from the ability to see my records and communicate securely with the physician and staff members of the practice.

Signature of patient/responsible party & Date

Non-Discrimination Policy: OrthoIllinois complies with Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. OrthoIllinois does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.