

Urological Clinic of Valdosta, P.C.
Urological Clinic of Valdosta, ASC
3294 North Oak Street Ext. · Valdosta, GA 31605 · 229-241-1188

Name: _____ Date of Birth: ____/____/____ GW# _____

Release of Information (HIPAA Release)

() I authorize the release of information including the diagnosis, records; examination rendered to me and claims information. This information may be released to:

- [] Spouse _____
- [] Child(ren) _____
- [] Other _____
- [] Other _____
- [] Other _____

() Information **is NOT** to be released to anyone.

May we leave a message on your voice mail? YES or NO

May we leave a message with someone at your residence? YES or NO

This **Release of Information** will remain in effect until terminated by me in writing.

No Transfer Policy

We are not equipped with transfer aids such as a Hoyer lift. If you need full transfer support we ask that you arrange to bring someone with you to appointments to assist. There are several agencies that can provide this type of service such as the MS Association for patients with MS. If you are transported from the ASC to a local hospital EMS will provide transportation.

Skilled Nursing Facility

Are you a resident at a Skilled Nursing Facility? _____ NO _____ YES = Facility Name _____

Notice of Patient Responsibility

The staff of this office will always try their very best to notify patients of test results IF THEY ARE ABNORMAL; however, it is our experience that patients may not be reachable and the follow up may not be reachable and the follow up may get lost. By signing this form, you understand that you are responsible for obtaining your test results from our office.

I, _____, understand that I am responsible for returning for follow-up to go over the results of x-rays or lab tests. I will call the office for the results if I am not given a return appointment or if I cannot return for a scheduled appointment. I relieve Urological Clinic of Valdosta of the responsibility of notifying me of the results of any studies ordered. I assume the responsibility of contacting the office to get the results of any tests that are ordered.

Acknowledgment of Receipt of Notice of Privacy Practices & Practice Policies

I have received a copy of the Notice of Privacy Practices for Urological Clinic of Valdosta.

I have received a copy of the Financial & Practice Policies for Urological Clinic of Valdosta (Commitment to Care).

Patient's Signature and/or Guardian Signature

Date

Urological Clinic of Valdosta, P.C
Informed Consent for Medical Office Treatment and Procedures

The physicians & staff of Urological Clinic of Valdosta thank you for selecting us to assist you with your health concerns. The information that you provide to us, as well as the examinations & tests performed are used to determine the most likely diagnosis & most appropriate course of treatment for your problem. A diagnosis may be difficult to determine at first, as many problems present in a similar manner. Test that are more difficult to perform & have the possibility of complications are generally not recommended until necessary to help determine the cause of your problems. The treatments are selected to help you cure or improve your health problem. No treatment is 100% effective for all patients and all treatments have some potential for complications.

It is important to understand that complications can occur with even the simplest treatment. Anything that enters the body has the potential of a very serious reaction. Some people will die from a bee sting or eating a peanut if they have a serious allergy. Unfortunately, no one knows if they have allergies to any food, drug, or other chemical until they have a reaction. If these reactions are severe, they will cause redness, swelling, & sometimes difficulty breathing. Therefore, it is important to inform the physician of any & every adverse medication reactions that you have ever experienced. It is also very important to tell your physician all medications you are currently taking because some medications may react with others in a bad way.

If medication reactions occur, seek medical help. If severe swelling or shortness of breath or wheezing should occur, one should go to the nearest medical facility and even call 911 if necessary. Do not take any more of the medication & be sure to tell the prescribing doctor & pharmacy about the reaction. Any type medications (pills, liquids, creams, suppositories or injections) can cause reactions. You should also read pharmacist information that accompanies your prescriptions.

Examples of some precautions needed for medications are:

- Do not stay in the sun for very long while taking these prescriptions.
- Do not take if you are pregnant or possibly pregnant. It is important to advise anyone prescribing a medication or performing a test or x-ray/ct or performing any treatment for you that you are pregnant or might be pregnant.
- May cause mild nausea or upset stomach. Serious nausea, vomiting, or diarrhea needs attention & you should advise your doctor about this problem.
- Immunizations are made from the virus or bacteria that cause the illness you are trying to cure. You may notice "flu-like" symptoms that may be uncomfortable for a few days. Random, unpredictable, severe reactions may occur & cause a significant medical condition or even lead to death.
- Some medications can affect blood counts, kidney functions, liver function or other organ functions which may not show up early in the course of treatment. Laboratory or other tests might be ordered from time to time to monitor for these possible toxins. It is very important that you follow through and complete all tests as recommended.

Anything that penetrates the skin such as a shot, injection, biopsy, or surgical incision may have complications such as:

- An infection under the skin first noticed as redness and tenderness that spreads.
- Bleeding that may cause a bruise or blood clot under the skin. This will absorb and go away in time. If the blood clot becomes infected it will become increasingly tender and warm and redness will spread.
- Continuous bleeding may seep from the incision or it may begin to swell within a couple of hours following the procedure. Apply pressure on the bleeding or swelling.
- An injury causing sensation loss or decreased muscle tone. It is possible nothing can be done to remedy this.

In all cases, notify your physician immediately. The office phone number is 229-241-1188. If the prescribing physician is not available, another physician or member of the medical staff will be able to assist you when you call. Indicate that this is a medical problem from a treatment or procedure.

By signing this form, you are giving your consent & permission for our physicians and staff to prescribe & perform treatments & tests they recommend for your health needs. The informed consent will be kept on record & considered active for all treatments following the date of your signature. This will apply to any treatments & recommended tests should they occur in the office, as a result of a telephone call from you, at the hospital, or in the hospital emergency room when a physician or medical staff member of this practice provides a service. A copy will be provided for you at any time upon request.

You always have the right to not take any prescription or refuse any procedure or test even if you have previously consented to it. The alternative for not accepting the treatment prescribed and doing nothing is that the condition may get worse, stay the same or possibly get better on its own. As mentioned before, there usually are alternative treatments available for your particular problem.

I have read or have had read to me this informed consent. I have had an opportunity to ask questions regarding this consent and any potential benefits or complications that can result from treatments or tests ordered by my physician. I understand the information in this informed consent.

Signature

Witness

Date