

The Shoulder Center, PC

CONSENT AND AGREEMENT FOR TREATMENT

Please read the following information carefully. After you have read this Consent and Agreement, please sign your name below to accept the terms of this agreement.

- 1. Consent to treat: As a consenting adult, I agree to permit Dr. Agrawal and the staff of The Shoulder Center, PC to provide care to me, my child or patient representative as applicable.
2. Consent to photograph: I understand that photographs, videotapes, digital, and other images may be recorded to document and/or assist with my care. These images may be used to assist in research and education. I understand that The Shoulder Center, PC will own these images, but that I will be allowed access to view them or to obtain copies of them at a reasonable cost. Other than for treatment and education purposes, images that identify me will be released and/or used outside the organization only upon written authorization from me or the patient representative.
3. Notice of Privacy Practices: The Shoulder Center, PC may release information to other entities or health care providers, for treatment, payment of services, and for health care operations as described in the "Notice of Privacy". The Shoulder Center, PC has prepared this detailed document to help you better understand our policies in regard to the use and disclosure of your personal health information.

I have been given the opportunity to review and receive a copy of the Notice of Privacy Practices.

Please initial: _____

- 4. Consent to treatment: By signing below, I am indicating that I have read and I understand the terms of the Consent and Agreement for Treatment. I am either the patient or have the authority to give consent for the patient. I give consent to The Shoulder Center, PC to perform necessary or appropriate tasks for proper examination, diagnosis, and treatment.

My questions regarding this consent and agreement have been answered.

Patient or Patient Representative Signature

Date

If Patient Representative, Relationship to Patient

Witness

03/2007