

Lakernick Brain Center, Inc.
Financial Policies
Medical Release

_____ -has been accepted
as a patient to be seen at Lakernick Brain Center, Inc.

The patient and his/her guardian(s) or legally responsible person(s) desire to be examined by the Lakernick Brain, Inc. clinical staff and understand and agree that all examination and therapeutic procedures will not include drugs or surgery and give permission/consent to any and all clinically appropriate examination and therapeutic procedures involved.

The patient and/or his/her guardian(s) or legally responsible person(s) understand and agree that providers of many disciplines may be in attendance or participate in this clinical evaluation and care process and will potentially observe all examination and treatment procedures.

The patient and/or his/her guardian(s) or legally responsible person(s) understand and agree that the physical examination and treatment will be video taped subject to the terms of a signed Video Release form and HIPAA requirements.

The patient and /or his/her guardian(s) or legally responsible person(s) understand and agree that the contents of related medical records, without any personally identifying information , specific to each case may be a part of subsequent clinical teaching rounds.

The patient and/or his/her guardian(s) or legally responsible person(s) understand and agree that all costs specific to transportation and lodging/travel expenses are to be borne by the patient and/or his/her guardian(s) or legally responsible person(s).

The patient and/or his/her guardian(s) or legally responsible person(s) understand and agree that there are risks associated with diagnostic and therapeutic procedures and that no promise of a cure has been given.

The patient and/or his/her guardian(s) or legally responsible person(s) understand and agree that neither the patient nor any assigns will hold Lakernick Brain Center, Inc. staff liable for any actions, non-actions or outcomes associated with the diagnosis, treatment and recommendations presented.

Patient Name

Date

Guardian's name, if patient is a minor

Relationship to patient

Witness