



**Patient Informed Consent &
Notice of Disclaimer for Treatment**

Informed Consent:

I authorize medical treatment as deemed necessary and appropriate by the physicians/nurse practitioners/ and or Physician Assistants of MedFast Urgent Care Centers, LLC and their employees participating in my care. I will provide all necessary information related to my healthcare needs that may affect the treatment I may receive, including but not limited to; past medical history, past and current medications, and current medical issues. I understand that if I do not provide all necessary information pertaining to my current health, that I will not hold the providers or other employees of MedFast Urgent Care Center, LLC, liable for any adverse reactions.

With my consent, Medfast Urgent Care Centers, LLC, may use and disclose Protected Health Information (PHI), about me to carry out treatment, payment and healthcare operations. Please refer to the MedFast Urgent Care Centers, LLC, Notice of Privacy Practices for a more complete description of such uses and disclosures.

With my consent, Medfast Urgent Care Centers, LLC may call my home or other designated location and leave a message on voice mail or in person in reference to any items that assist the practice in carrying out treatment, payment or healthcare operations, such as appointment reminders, insurance items and any call pertaining to my clinical care, including laboratory results and diagnostic results.

Notice of Disclaimer:

This shall serve as notice that **NOT** all medical services are available or performed at Medfast Facilities.

Services that are deemed necessary for the treatment or diagnosis of the patient and determined by our Providers as necessary or in the best interest of the management of the patient's condition and any services that may be required at other specialized facilities outside of any MedFast Urgent Care Centers locations are not part of or billed from Medfast Urgent Care Centers, LLC.

Any emergency care that the attending physician or mid-level provider believes should, in the best interest of the patient, be provided by another Facility, will not be the financial responsibility of Medfast Urgent Care Centers, LLC. A referral to another specialty service or facility will be done in the best interest of the patient and Medfast Urgent Care Centers, LLC, has no financial interest in referral facilities or specialist referrals.

Patients are expected to follow up with their primary care physician for continued medical management unless otherwise noted by the Medfast Urgent Care Center provider. Medfast Urgent Care Centers, LLC in no way acts or represents itself as a primary care provider.

INITIAL

DATE



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The Patient understands that the list below is provided as an example of services outside the scope of practice for Medfast Urgent Care Centers, LLC, and does not include all of the services that may be considered to require specialized care beyond the treatment that is provided at the Medfast Facilities:

Life threatening events such as gunshot wounds, heart attacks, chest pain, headaches, strokes, pulmonary embolism, DVT, most shortness of breath, and serious infections, hospitalizations and treatment with other doctors, subspecialists, or providers at another healthcare organization.

Patients must agree to see a specialist physician when a medical problem is outside the scope of general medical care or for pre-existing conditions requiring a specialist as determined by our practitioners.

Patients with complicated medical conditions (i.e. diabetes, heart failure, seizure disorder, cancer, etc.) will be required to continue to follow up with their specialist based on the recommendations from the specialist. The physicians at Medfast Urgent Care Centers will work in conjunction with the specialist to ensure quality care, follow up care and medicine refills when appropriate.

My signature below indicates that I have read and understand the above informed consent and disclaimer and I am consenting to treatment at MedFast Urgent Care Centers, LLC.

Patient Signature : _____

Date : _____

AUTHORIZATION AND CONSENT TO TREAT A MINOR

I do hereby solemnly swear that I have legal custody of the aforementioned minor child.

Childs Name: _____ Date of Birth: _____

I grant my authorization and consent for Medfast Urgent Center and its staff to administer treatment for any injuries or illnesses experienced by the minor. If the injury or illness is life threatening or in need of emergency treatment, I authorize any and all professional emergency personnel to attend, transport, and treat the participant and to issue consent for any X-ray, anesthetic, medication, or other medical diagnosis, treatment, or care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, physician assistant, advanced registered nurse practitioner, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur.

It is understood that this authorization is given in advance of any such medical treatment.

Parent or Legal Guardian's Signature

Date