

South Palm Beach Nephrology, P.A.
Consent for Medical Care and Treatment

I understand that I may have a medical condition that could possibly require diagnosis and treatment. I do hereby voluntarily consent to such treatment, services, and procedures that may be recommended to me under the general and specific instructions of the physicians of South Palm Beach Nephrology, P.A., his/her assistants and/or his/her designee.

I acknowledge that the practice of medicine is not an exact science and that the physicians of South Palm Beach Nephrology, P.A. have made no guarantee to me as to the result of treatments or examinations.

South Palm Beach Nephrology, P.A. recognizes the importance and significance of maintaining confidentiality of information regarding a patient's medical condition. We also want to provide our patients timely communications as to laboratory/diagnostic test results. In order to maintain confidentiality and continue to provide you with the best quality care and treatment, South Palm Beach Nephrology P.A.'s policy regarding laboratory/diagnostic test results will be communicated to you at the time of your follow-up appointment. Staff members are not permitted to leave this sensitive medical information on the patient's telephone answering machine or voice mail.

South Palm Beach Nephrology, P.A. provides secure access, patient safety and continuity of care for patients with commercial prescription coverage in the United States. Prescription eligibility, benefit, formulary and medication history information are provided for consenting patients to authorized physicians at the point of care. Electronic prescriptions are delivered in real-time to pharmacists in the retail and mail order settings. I consent to electronic prescriptions and acknowledge that South Palm Beach Nephrology, P.A. will use electronic connectivity between payers, physicians and pharmacists.

If you do not have a follow-up appointment scheduled at one of our offices, it is the policy of South Palm Beach Nephrology, P.A. that a message will be left on the phone number that you have on file with us indicating for you to return our call.

Patient Name	Patient or Authorized Signature	Date of Birth
Witness Name	Witness Signature	Date signed

It is the policy of South Palm Beach Nephrology, P.A. not to release confidential medical information to patient's family members unless you have requested this to us in writing. We cannot discuss your medical condition, or release diagnostic test results to anyone without your consent.

I would like to share information regarding my medical condition, including laboratory and diagnostic test results to (name of designated person and their date of birth):

Name of designated person	Relationship	Date of Birth
Name of designated person	Relationship	Date of Birth
_____/_____ Patient or Authorized Representative Signature		_____ Date