Consent To Treat

I have the legal right to consent to medical treatment because I am the patient, or I am the parent/guardian of the patient. All references to “patient”, “me” and “my” in this document means:

Patient Name: _____

I have voluntarily presented for medical and healthcare services and consent to such medical care and treatment including any diagnostic procedures and tests that the Physician(s), his or her associates, assistants and other healthcare providers determine to be necessary. In the course of such care and treatment, I understand and acknowledge that no warranty or guaranty has been or will be made as to the result or cure of treatment.

I consent to the taking of photographs or films related to the care and treatment for the purpose of treatment, payment and operations, and understand that such photographs or films may be made part of the medical record and/or used for internal purposes, such as peer review, quality improvement, or provider education. I understand that my images or videos will not be used for marketing, advertising, or promotional purposes without separate written authorization.

Electronic Medical Record

ATX Robotic Surgery participates in an electronic information health exchange (Athenahealth) that allows us to share your medical records electronically with other health care providers, such as other physicians, hospitals, and clinics, to allow and promote continuity of care. I understand that by signing below, this will permit ATX Robotic Surgery to enroll me in this program. I also understand that if I visit another provider who also participates in the same electronic health information exchange system, they may have access to my current and former medical records. I understand that if I do not want my medical records shared with other providers, I will request and complete a Health Information Exchange Opt-out form.

Acknowledgments

I acknowledge that administrative data, demographic information and other health information describing patient care, services and outcomes are collected and used for healthcare operations, governmental and non-governmental reporting, and comparisons with other providers. In some instances, performance data is aggregated and reported per physician. In every instance, we make every reasonable effort to maintain patient and physician anonymity.

I acknowledge and understand that separate, procedure-specific informed consent will be obtained for surgical procedures, anesthesia services, and other health care treatment as required by Texas law.

Patients Signature: _____ Date: _____