



CONSENT OF TREATMENT AND PROCEDURES

It is required by Law to obtain consent to trace and disclose all “ Material risks and alternative treatment. Only the most common material risks for every procedure or treatment are listed below as it not possible to list material risk associated with the procedures and treatments

1. The Medical treatment/services may include but are not limited to the following:
 - A) **Needle Sticks**, such as injections (shots), intravenous injections. The material risks with these types of procedures include but are not limited to, nerve damage, infection, infiltration (which is fluid leakage into surrounding tissue), disfiguring scar, loss of limb function, paralysis or partial paralysis limb or death. Alternatives to needle sticks include oral, rectal, nasal, or topical medications (which may be less effective) or refusal of treatment.
 - B) **Physical Tests**, Assessments and Treatments such as vital signs, internal body examinations, wound cleansing, wound dressing, range of motion checks and other similar procedures. The material risks associated with these types of procedures include, but are not limited to, allergic reactions, infection, severe loss of blood, muscular-skeletal or internal injuries, nerve damage, loss of limb function, paralysis or partial paralysis, disfiguring scar, worsening of the condition and death. Apart from using modified procedures, no practical alternatives exist.
 - C) **Administration of Medications** via appropriate route whether orally, rectally, topically or through Patient’s eyes, ears or nostrils, etc. The material risks associated with these types of Procedures include, but are not limited to, perforation, puncture, infection, allergic reaction, brain damage or death. Apart from varying the method of administration, no practical alternatives exist.
 - D) **Drawing Blood, Bodily Fluids or Tissue Samples** such as that done for laboratory testing and analysis. The material risks associated with this type of Procedure include, but are not limited to, paralysis or partial paralysis, nerve damage, infection, bleeding and loss of limb function. Apart from long-term observation, no practical alternatives exist.

For more information or concerns regarding Medical treatments/ services contact the provider. The provider may ask the patient to sign additional informed consent document concerning these or other medical treatment and services.

2. Staying in Patient Care Area and Videotaping, Photography and monitoring:

Patients are hereby informed of 24 hour of closed monitoring, videotaping and photography may be in process and be used for educational, training, clinical and safety related purposes. If patient leaves the patient care area for non treatment related reason, he/she will accept all liability/ responsibilities for any incident, accident, harm and deterioration in patients condition.

3. Authorization of release and disclose of medical information:

WAPC is authorized to use and release information contained in patient record required by law or in following situations but not limited to - infectious or contagious disease information, HIV-AIDS related evaluations, diagnosis and treatment, Alcohol or Drug abuse, psychiatric or psychological information, your Insurance company to receive payments. This notice applies to all of the records of your care generated by the practice, whether made by Practice personnel or by your personal doctor. The law requires us to: make sure that medical information that identifies you is kept private, give you this notice of our legal duties and privacy practices with respect to medical information about you, and to follow the terms of the notice that is currently in effect. Other ways we may use or disclose your protected healthcare information include: appointment reminders; as required by law; for health-related benefits and services; to individuals involved in your care or payment for your care; research; to avert a serious threat to health or safety; and for treatment alternatives. Other uses and disclosures

of your personal information could include disclosure to, or for: coroners, medical examiners and funeral directors; health oversight activities; inmates; law enforcement; lawsuits and disputes; military and veterans; national security and intelligence activities; organ and tissue donation; protective services for the President and others; public health risks; and worker's compensation.

4. Patient Rights

You have the following rights regarding medical information we maintain about you:

1. Right to a Paper Copy of this Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time.
2. Right to Inspect and Copy. You have the right to inspect and copy medical information that may be used to make decisions about your care. We may deny your request to inspect and copy in certain very limited circumstances.
3. Right to Amend. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by, or for, the Practice. To request an amendment, your request must be made in writing and submitted to your physician. You must provide us with a reason that supports your request for amendment. Our practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing.
4. Right to Request Restrictions. You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing
5. Right to Restrict Disclosures to Health Plan. You have the right to restrict disclosures of PHI to a health plan if the disclosure is for payment of health care operations and pertains to a health care item or service for which the individual has paid out of pocket in full.
6. Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. You must make your request in writing and you must specify how or where you wish to be contacted.
7. Right to an Accounting of Disclosures. You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you. To request this list or accounting of disclosures, you must submit your request in writing.
8. WAPC shall not be liable to loss or damage of any personal belongings

We reserve the right to change this notice. The patient acknowledges that this has been read, understood and accepted the terms of this document

Patients Signature

Patient Name

Date

Time

WAPC Representative signature

WAPC Representative Name

Date

Time