DEC, LLC DBA
Hauser-Ross
EYE INSTITUTE
PARTNER WITH VZN EYE CARE

CONSENT FOR CARE AND TREATMENT:

I understand that Patient, which may be defined as me, my child or a child for whom I have legal responsibility, needs medical care and treatment and I consent to such treatment at Hauser-Ross Eye Institute – VZN Eye Care. Treatment provided by medical providers, nurses, and medical assistants at Hauser-Ross Eye Institute – VZN Eye Care may include evaluation and management, laboratory and other testing; routine medical, nursing and medical assistant care and procedures. I understand that photos or video of Patient may be taken in connection with such treatment and for operational, and quality improvement.

No Guarantee: I acknowledge that no guarantees or warranties have been made with respect to treatment or services to be provided by Hauser-Ross Eye Institute – VZN Eye Care. I understand that all supplies, medical devices and other goods provided to Patient are provided by Hauser-Ross Eye Institute – VZN Eye Care AS IS and Hauser-Ross Eye Institute – VZN Eye Care disclaims any expressed or implied warranties.

Patient Rights: I have been provided information regarding Patient Rights and Responsibilities. This information tells me how to register a complaint or grievance that I might have relating to Patient's care at Hauser-Ross Eye Institute – VZN Eye Care.

Communicable Disease Testing: I agree that if a Hauser-Ross Eye Institute – VZN Eye Care employee or provider is exposed to Patient's blood or other bodily fluid, pursuant to Hauser-Ross Eye Institute – VZN Eye Care law, Hauser-Ross Eye Institute – VZN Eye Care may test Patient to determine the presence of communicable diseases including Human Immunodeficiency Virus (HIV) and hepatitis. I understand that these test results will be kept confidential.

Specimen Disposal: I acknowledge that Hauser-Ross Eye Institute – VZN Eye Care may, in its sole discretion, remove, retain, or dispose of any tissue or body parts removed from Patient.

Text Messaging: I understand that Hauser-Ross Eye Institute – VZN Eye Care can provide notifications to my cell phone. These texts are Do Not Reply texts for informational purposes only and are not intended as a form of two-way communication. I acknowledge that standard text messaging rates and fees will apply, text messaging utilizes a public telephone network and full security is not guaranteed, and any person with access to my phone will be able to see these messages unless I take steps to protect my phone with a password or PIN.

PATIENT'S NAME: _____

PATIENT'S DATE OF BIRTH: _____

PATIENT/GUARDIAN SIGNATURE: _____

WITNESS SIGNATURE: _____

DATE: _____ TIME: _____