

DIAGNOSTEX Observation Consent Form

Anyone who is NOT a facility/HH healthcare professional who plans on observing the fluoroscopic procedure must sign the following consent. ABSOLUTELY NO EXCEPTIONS.

Name of patient: _____

Name of Visitor/Observer: _____ Relationship to patient: _____

Is this visitor a Legal Guardian? Y N If no, has the Legal Guardian given consent to observe? Y N

If both questions are answered "NO", then due to HIPAA regulations, the visitor will be unable to attend the procedure.

Visitor/Observer must initial ALL statements and sign at the bottom of the page. Form must be presented to the DiagnostEX staff a prior to entering the mobile clinic.

_____ 1. I am aware that there is absolutely no use of personal electronic devices on the mobile clinic. All video recording, pictures, or audio recordings are prohibited in all forms, on all devices, other than the medical equipment belonging to DiagnostEX. I will comply with all DiagnostEX policies and procedures and HIPAA regulations while on the mobile clinic. I agree that my personal phone or other electronic device must be turned off and placed inside a pocket or purse. The mobile clinic is private property/medical clinic and not public property. In the state of Texas, if any recording takes place on private property without the knowledge of the parties involved, this may be considered illegal and may be subject to legal action.

A copy of the medical procedure will be provided, on DVD, to the facility, home health, or health care professional requesting the procedure.

_____ 2. This exam involves radiation exposure. A minimal amount of radiation scatter is a risk for all those present on the mobile clinic. I am aware of this exposure and accept full responsibility of any and all risks of being present during the procedure.

_____ 3. The procedure is being dictated and recorded therefore there is no talking during the procedure except by those health care professional conducting the examination and having direct patient contact. I will not interfere in the exam and I will only assist if asked to do so.

_____ 4. If any of my personal items are left on the mobile clinic it will be my responsibility to retrieve this from DiagnostEX. It is not the responsibility of DiagnostEX to return any left items to me. DiagnostEX will make sure any items are well taken care of and they will be left at the local office in Hurst, TX at the end of the day, for pick up during hours of operation.

_____ 5. Any and all medical records are the property of the facility or home health requesting the evaluation. Any extra copies of reports or a DVD can be obtained from the facility/home health. Additional "release of records" paperwork can also be completed with DiagnostEX directly and it can be sent to me.

_____ 6. I understand that the medical team (MD, SLP, and/or technician) on the DiagnostEX mobile clinic can determine if anyone is allowed on the mobile clinic, or must exit the mobile clinic during the exam if they are concerned that it may interfere with the staff, procedure and/or the patient in any way, despite the agreement to any of the above items.

Signature _____

Date: _____

Original Signature only/no verbal consent. Must be presented at time of procedure with the visitor/observer