

Crystal Lake, IL Huntley, IL F. Terra Cotta Ave., 60014 12519 Regency Plany, 60142 524 R

Fax: 815.381.7498.

## CONSENT TO TREATMENT AND NOTICE OF PRIVACY PRACTICES

## CONSENT FOR MEDICAL TREATMENT

I present for treatment and consent to my physician and whomever they may designate as their assistant, associate, treating physician and patient care staff to provide my care. Such care may include but not be limited to diagnostic procedures, x-rays, MRI's, injections, physical and occupational therapy, education and research and other treatments and procedures considered advisable in the diagnosis and treatment of my condition. I realize the practice of medicine and surgery is not an exact science. I acknowledge that no guarantee can be made or has been made as to the results of treatments or examination at Ortholllinois.

OrthoIllinois respects and strives to protect our patients' privacy. For this reason still photography, video and audio recordings are prohibited in the clinic. Thank you for your understanding.

## **NOTICES OF PRIVACY PRACTICES**

Ortholllinois is committed to protecting your medical information. How we may use and disclose medical information and your rights regarding your medical information is published in our Notice of Health Information Practice brochure. I have been informed of this right and have also been asked if I would like a copy of Ortholllinois' Notice of Health Information Practices brochure.

I have been offered a copy of Ortholllinois Associates Notice of Health Information Practices Brochure.

## **DURABLE MEDICAL EQUIPMENT AND PROSTHETIC AND ORTHOTIC DEVICES**

Ortholllinois meets the standards established by Medicare for all providers of durable medical equipment and prosthetic and orthotic devices. I have been offered a copy of Ortholllinois Supplier Standards Brochure, which describes the 26 Medicare Supplier Standards.

Signature of patient/responsible party and date	