



Foot And Ankle  
Specialists of Tennessee

8870 Cedar Springs Lane  
Suite 104  
Knoxville, TN 37923  
865-686-8486

## PATIENT CONSENT FORM

### *Communications About My Healthcare*

I agree the Provider, an agent of the Provider, or an independent physician's office may contact me for the purposes of scheduling necessary follow-up visits recommended by the treating physician.

### *Consent for Photographing or Other Recording for Security and/or Health Care*

I consent to the capture and usage of photographs, digital media, video, diagnostic imaging, or audio recordings, and/or other information of me being recorded for the purpose of patient care, security purposes, advertising, and/or the practice's health care operations purposes (e.g., quality improvement activities). I understand that the practice retains the ownership rights to the images and/or recordings. I will be allowed to request access to or copies of the images and/or recordings when technologically feasible unless otherwise prohibited by law. I understand that these images and/or recordings will be securely stored and protected. Images and/or recordings in which I am identified will not be released and/or used outside the facility without a specific written authorization from me or my legal representative unless otherwise permitted or required by law. Every attempt will be made on our behalf to protect your privacy and anonymity.

### *Consent to Email, Telephone, or Text Usage for Appointments and Other Communications*

If, at any time, I provide an email address or phone number at which I may be contacted, I consent to receiving unsecure instructions and other healthcare communications at the email or phone number I have provided, or you or your EBO Servicer have obtained, at any text number forwarded, or transferred from that number. These instructions may include, but not be limited to: post-procedure instructions, follow-up instructions, educational information, and/or prescription information. Other healthcare communications may include, but are not limited to, communications to family or designated representatives regarding my treatment or condition, or reminder messages to me regarding appointments for medical care. Note: You may opt out of these communications at any time. The practice/clinic does not charge for this service, but standard text messaging rates or cellular telephone minutes may apply as provided in your wireless plan (contact your carrier for pricing plans and details).

### *Release of Information*

I hereby permit Foot and Ankle Specialists of Tennessee PLLC and the physicians or other health professionals involved in the inpatient or outpatient care to release healthcare information for purposes of treatment, payment, or healthcare operations, including releasing to the health information exchange. Healthcare information may be released to any person or entity liable for payment on the patient's behalf in order to verify coverage or payment questions, or for any other purpose related to benefit payment. Healthcare information may also be released to my

employer's designee when the services delivered are related to a claim under worker's compensation. If I am covered by Medicare or Medicaid, I authorize the release of healthcare information to the Social Security Administration or its intermediaries or carriers for payment of a Medicare claim or to the appropriate state agency for payment of a Medicaid claim. This information may include, without limitation, history and physical, emergency records, laboratory reports, operative reports, physician progress notes, nurse's notes, consultations, psychological and/or psychiatric reports, drug and alcohol treatment and discharge summary. Federal and state laws may permit this facility to participate in organizations with other healthcare providers, insurers, and/or other health care industry participants and their subcontractors in order for these individuals and entities to share my health information with one another to accomplish goals that may include but not be limited to: improving the accuracy and increasing the availability of my health records; decreasing the time needed to access my information; aggregating and comparing my information for quality improvement purposes; and such other purposes as may be permitted by law. I understand that this facility may be a member of one or more such organizations.

Note: This practice uses an Electronic Health Record that will update all your demographics and consents to the information that you provide. Please note, this information will also be updated for your convenience to all our affiliated locations that share an electronic health record in which you have a relationship.

I, the undersigned, hereby consent to the following:

- Administration and performance of general treatments
- Use of prescribed medications
- Performance of diagnostic procedures/tests and cultures
- Performance of other medically accepted laboratory tests that may be considered medically necessary or advisable based on the judgment of my physician or their assigned designees.

I fully understand that this consent is given in advance of any specific diagnosis or treatment. I intend that this consent is continuing in nature even after a specific diagnosis has been made and treatment recommended. The consent will remain in full force until revoked in writing. I understand that Foot and Ankle Specialists of Tennessee PLLC may include consent at other satellite offices under common ownership. A photocopy of this consent shall be considered as valid as the original. I certify that I have read and fully understand the above statement and consent fully and voluntarily to its contents.

I certify that I have read and fully understand the above statements from all pages and consent fully and voluntarily to its contents and agree to abide by its guidelines.

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Signature of Patient or Responsible Party

Printed Name

Date