



Consent for treatment

I hear by voluntarily consent to care, treatment, testing, and all other services performed by healthcare providers at Gagneja Health . I understand that I have the right to refuse to consent to any proposed care, testing, treatment, surgery, or procedure. I also understand that I have the right to ask questions and discuss my concerns with my healthcare provider.

I am aware that the practice of medicine and surgery is not an exact science and that diagnosis and treatment may cause injury or even death. I acknowledge that no guarantees have been made to me as to the outcome of my care, examination, and/or treatment at Gagneja Health.

I understand that imagery and photography may be used in the course of my visits with my healthcare provider in order to protect and authenticate my medical identity.

I understand that I am required to sign this consent. I understand that I may revoke this consent at any time by writing to info@gagnejahealth.com. I understand that revocation of consent will result in me no longer being able to receive care or treatment from Gagneja Health.

Release of medical information

I understand that Gagneja Health maintains both electronic and paper-based documentation of my medical care and health records, and has the duty to protect my information. This documentation typically includes information about my symptoms and health condition; results of physical examinations, and diagnostic tests; a plan regarding future, care and treatment; as well as demographic and photographic identifiers. Such individually identifiable information about me is protected health information (PHI) and, as such, will be used, shared, or disclosed only for the purpose of treatment, payment, and healthcare operations, or as required by law. Otherwise, my PHI will not be inspected or released without my specific authorization, except in certain circumstances, which are outlined in GagnejaHealth notice of privacy practices.

Notice of privacy practices

I understand that the Gagneja Health notice of privacy practices is publicly posted in a clear and prominent location in the facility and is available on the website. The notice of privacy practices outlines how my PHI may be used and it's closed. The notice of privacy practices also details my rights to access, limit, obtain, and correct, my medical and healthcare information, and my right to make a complaint if I feel my privacy rights have been violated. I understand that I may request a written copy of the notice of privacy practices at any time, and Gagneja Health staff will provide it to me.

Financial policy

Additionally, I am aware that data and information concerning essential medical treatment and healthcare services rendered on my behalf may be disclosed, when necessary, to other healthcare providers in emergent situation, and/or to public and private health insurance plans in order to receive payment as outlined in the Gagneja Health financial policy. I acknowledge that I am required to sign the financial policy in order to receive care or treatment from Gagneja Health . However, I understand that I may request that PHI associated with that portion of my healthcare at Gagneja Health for which I have paid out-of-pocket not be disclosed to my health plan or insurance company. I understand further that this request must be made in writing to Gagneja Health at info@gagnejahealth.com.

Patient rights and responsibilities

I acknowledge that my health care is a partnership between Gagneja Health and me, and I agree to actively participate and to accept both my role and responsibilities with regard to my healthcare decisions. I understand that a list of Patient Rights and Responsibilities is posted in the clearance from that location at the facility and on the website. I understand that I may request a written copy of the Patient Rights and Responsibilities at any time and Gagneja Health staff will provide it to me.



California immunization registry (CAIR)

Gagneja Health participates in the California immunization registry, located at 909 12th St., #200, Sacramento, CA 95814. I understand that my information (including name, date of birth, types and date of immunizations received, manufacturer, and lot number for each immunization received, adverse reactions to immunizations received, other non-medical information necessary to establish identity, results of tuberculosis screening, current address, and telephone number, gender, and place of birth) will be included in CAIR unless I choose not to participate. All of the information shared with CAIR shall be treated as confidential medical information and shall be used to share, upon request, only with healthcare providers, schools, child, care, facilities, family, childcare homes, County departments, healthcare plans, only for the purposes of providing immunization services, including issuing reminder, notifications, for facilitating payment for immunizations, for checking immunization status, and for statistical purposes. I have the right to examine any immunization-related information shared in this manner and correct any errors in it. If I refuse to allow this information to be shared with CAIR, Gagneja Health will maintain access to this information for the purposes of patient care or protecting public health. The local health department in the state department of public health will maintain access to this information for the purpose of protecting public health.

Advance directives

I understand adults 18 years of age and older have the right to either (A) give directions about their future medical care or (B) to designate patient representatives to make medical decisions for them if they lose individual decision desk making capacity. I understand the information about advanced directives is available to me upon request.

Notice of open payments database

In accordance with California assembly bill number 1278, starting January 1, 2023, physicians and surgeons are required to provide and open payments database notice to patients at the initial office visit. For informational purposes only, a link to the federal centers for Medicare and Medicaid services open payments webpages provided here. The federal Physician Payments Sunshine Act requires that detailed information about payment and other payments of value worth over \$10 from manufacturers of drugs, medical devices, and biologics to physicians and teaching hospitals be made available to the public. The open payments database is a federal tool used to search payments by drug and device companies to physicians in teaching hospitals. It can be found at: <https://open.paymentsdata.CMA.gov>.

Attestation

By signing this form, I agree that I have read and fully understand the contents and references contained above in this general consent form in its entirety. I acknowledged that all of my questions have been answered to my personal satisfaction.

Full name (print): _____ **Relationship to patient:** _____

Signature: _____ **Today's Date:** _____