EMORY CLINIC

Consent for Emory Clinic Neurosurgery Remote Second Opinion

Patient: _____

Date of Birth: _____

Patient State of Residence: _____

PURPOSE: The purpose of this form is to obtain your consent to participate in the Emory Clinic ("Emory or "Emory Clinic") Neurosurgery Remote Second Opinion Program.

You and your treating physician have requested the Emory Clinic Department of Neurosurgery to provide a written second opinion consultation to be provided to your treating physician.. The Emory Clinic Department of Neurosurgery will review the medical condition described in the second opinion packet you and your treating physician completed, and will offer a remote second opinion based on the medical records and radiology imaging provided to us by you and your treating physician. This second opinion may also include opinions provided by one or more Emory physicians including the Emory Clinic Department of Radiology. These opinions will be determined mostly by the quality and completeness of the information provided by you and your treating physician. You should provide the following information:

- Patient medical records
- Medical images (MR, CT, X-ray)
- Pathology reports

MEDICAL INFORMATION AND RECORDS: All existing laws regarding your access to medical information and copies of your medical records apply to this second opinion. Electronic systems used will incorporate network and software security protocols to protect the confidentiality of patient identification and imaging data will include measures to safeguard the data and to ensure its integrity against intentional or unintentional corruption. The Emory Clinic does not take any responsibility nor hold liability, for the accuracy of completeness of the information provided by you or your physician.

You understand that by participating in the Neurosurgery Second Opinion Program you will be registered in the Emory Clinic system and a patient account will be created for you, solely for the purpose of:

- Storing any medical records you and your treating physician provide
- Sharing your records with Emory physicians who may assist in providing your second opinion such as a neuroradiologist and
- Communicating with you and/or your treating physician and to process financial transactions as agreed upon by the patient.

POSSIBLE RISKS: You understand that in choosing to participate in a remote second opinion program, there are risks associated that include, but are not limited to:

- Information transmitted to The Emory Clinic may not be sufficient to allow for appropriate medical decision making by the physicians and/or radiologists providing your second opinion
- Security protocols could fail, causing a breach of privacy of personal medical information
- You understand that without an in-person examination, the physician(s) providing your second opinion is limited in his or her assessment and/or treatment recommendations. The absence of an in-person examination or access to complete medical records may result in judgement errors or other adverse unintended outcomes, including death.

DISCLAIMER: THE CONSULTS, INFORMATION AND MATERIALS PROVIDED BY THE EMORY CLINIC NEUROSURGERY SECOND OPINION PROGRAM ARE INTENDED SOLELY FOR INDIVIDUALS SEEKING GENERAL INFORMATION ABOUT MEDICAL PROCEDURES, AND ARE NOT INTENDED FOR INDIVIDUALS OR PATIENTS SEEKING MEDICAL ADVICE OR TREATMENT.

THE REPORT PREPARED BY THE EMORY PHYSICIAN IS NOT INTENDED NOR IMPLIED TO BE A SUBSTITUTE FOR PROFESSIONAL MEDICAL ADVICE, DIAGNOSIS OR TREATMENT BY YOUR TREATING PHYSICIAN. YOU SHOULD SEEK THE ADVICE OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROVIDER PRIOR TO STARTING ANY NEW TREATMENT, SELECTING A METHOD OF TREATMENT, OR SEEKING ANSWERS TO ANY QUESTIONS REGARDING A MEDICAL CONDITION.

THE EMORY NEUROSURGERY SECOND OPINION REPORT SHOULD NOT BE USED OR INTREPRETED AS A MEDICAL DIAGNOSIS OR TREATMENT. YOU SHOULD NEVER DISREGARD PROFESSIONAL MEDICAL ADVICE OR DELAY IN SEEKING TREATMENT BASED ON THE REPORT PROVIDED THROUGH THE NEUROSURGERY SECOND OPINION PROGRAM. YOUR PARTICIPATION IN THE EMORY CLINIC NEUROSURGERY SECOND OPINION PROGRAM DOES NOT CREATE A PHYSICIAN-PATIENT RELATIONSHIP AND DOES NOT OBLIGATE EMORY OR ITS PHYSICIANS OR PROVIDER TO FOLLOW-UP OR CONTACT YOU.

Patient Consent

Unless otherwise arranged in advance, upon completion of the consultation, Emory does not assume any responsibility for retaining any copies of my health record or continuing to provide medical care or treatment. I definitively release Emory and its physicians, agents, employees and all affiliates from any and all known or unknown, foreseen or unforeseen, claims, actions or damages arising in connection with the Remote Second Opinion. I understand that I will receive a bill for the Remote Second Opinion Services rendered by Emory that is separate from any charges I may pay to my treating physicians, clinic or hospital. I agree to pay Emory for the charges billed to me for the Remote Second Opinion. I have read and understand the information provided above regarding the Emory Neurosurgery Second Opinion program. I have discussed it with my treating physician, and all of my questions have been answered to my satisfaction. I hereby give my informed consent to the Emory Clinic Department of Neurosurgery to provide a second opinion report to my treating physician.

Patient Name (please print) _____

Patient Signature _____ Date _____

Witness Signature_____ Date _____