



## **VIDEO CONSULTATION/SECOND OPINION PROGRAM**

### **PATIENT DISCLAIMER**

It is a policy in the United States of America for patients seeking medical advice to physically come to the institution, where evaluations can be performed in person and testing can be performed at the institution. The video consultation/second opinion service provided here will not have the benefit of such information that would be obtained by directly examining the patient and is not a substitute for a complete evaluation.

However, if we assume that the information provided to us is recent, complete, and correct, we can provide advice regarding medical care. We strongly recommend you to always consult with your treating oncologist to discuss the information provided here prior to making any changes to your existing treatment plan.

**BY USING THIS SERVICE, AND/OR BY REGISTERING WITH US, YOU ACKNOWLEDGE THAT YOU AGREE TO THE TERMS OF USE AS MENTIONED HEREIN.**

### **DISCLOSURE OF MEDICAL INFORMATION**

Our Center takes seriously the privacy of your medical records and personal information. Accordingly, we have taken all reasonable restrictions necessary to protect your confidentiality in accordance with all applicable laws.

You authorize our physicians and employees to access, review, research, analyze, discuss and copy your medical and personal information as deemed necessary to provide an opinion to your request.

### **PAYMENT OF FEES**

You acknowledge that you or any authorized individual designated by you who is requesting the second opinion/video consultation is responsible for all fees charged for the services hereunder. You understand that you or your authorized agent must pay these fees in advance, and that it is your responsibility to pursue any third-party insurance reimbursement at your own expense, if any.

### **RELEASE OF LIABILITY**

You further release and hold harmless Sarcoma Oncology Research Center/Cancer Center of Southern California and its respective physicians and employees and/or agents for any harm, claim, injury or damages of any kind including, but not limited to, compensatory, direct, indirect or consequential damage, directly or indirectly, as result of using this service.



#### **PATIENT CONSENT TO THE USE OF TELEMEDICINE**

I have read the terms and conditions of the disclaimer regarding the use of telemedicine services.

I understand the risks and benefits of such consultation and give my full consent for using this service.

Print your name: \_\_\_\_\_

Date: \_\_\_\_\_

## **CANCER CENTER OF SOUTHERN CALIFORNIA | SARCOMA ONCOLOGY RESEARCH CENTER**

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### **NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT**

I understand that under the Health Insurance Portability & Accountability Act of 1996 ("HIPAA"), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- Conduct, plan, and direct my treatment and follow-up among the multiple health care providers who may be involved in that treatment directly and indirectly.
- Obtain payments from third-party payers.
- Conduct normal health care operations such as quality assessments and physician certification.

I have received, read, and understand your "Notice of Privacy Practices" containing a more complete description of the uses and disclosure of my health information. I understand that this organization has the right to change its "Notice of Privacy Practices" from time to time and that I may contact this organization at any time at the address above to obtain a current copy of the "Notice of Privacy Practices".

I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment, or healthcare operations. I also understand you are not required to agree to my requested restrictions, but if you do not agree, then you are bound to abide by such restrictions.

Patient/Patient Representative's Name: \_\_\_\_\_

Patient/Patient Representative's Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_