



**Consent Agreement**  
**Tania M. Lewis Professional Services**

This consent applies to Tania M. Lewis Professional Services where I receive care.

**Consent for services:** I understand that I have either a condition that may require diagnosis and/or treatment or that I have been referred by my employment assistance program. I will have a chance to discuss with my provider the treatment that is believed to be needed. Tania M. Lewis Professional Services cannot promise specific results or outcomes. To provide this care, Tania M. Lewis Professional Services may collect information about my health, including genetic information such as family health history.

**Release of information by Tania M. Lewis Professional Services:** Tania M. Lewis Professional Services and approved agents of Tania M. Lewis Professional Services may release my health records to providers, community health agencies or other groups outside of Tania M. Lewis Professional Services for use in treatment, including coordinating my care.<sup>1</sup> Tania M. Lewis Professional Services may share my health records with quality or other organizations for health care operations as described in Tania M. Lewis Professional Services' Privacy Notice. Tania M. Lewis Professional Services will store my records for as long as its policy requires. <sup>1</sup> Health records include information about mental and physical health, health care, and payment for health care and demographic information.

**Health care students in training:** Interns and students may be present or involved during my care/services. Tania M. Lewis Professional Services must approve their presence or involvement. Any help they give will depend on their training.

**Pre-certification (prior authorization):** The rules of my insurance plan may require plan approval before I have certain treatments. If I don't get approval, the plan may not pay for these treatments.

**Insurance, assignment of benefits and guarantee of account:** Tania M. Lewis Professional Services may bill my insurance. I ask that my insurance payments be made to Tania M. Lewis Professional Services and to providers of my care. Tania M. Lewis Professional Services may share my health and account records with payers, and their approved agents, as needed for billing, payment and claims. I will pay for all services not covered or paid by a third party, such as insurance, including emergency services.

**Charges/estimates:** My total charges will not be known until my care is complete. Tania M. Lewis Professional Services will charge its current rates. My total may differ from that of other patients depending on my insurance (or lack of it).

**For those with no (or not enough) insurance:** If I need help paying for my care, I will ask about my options when I register. Tania M. Lewis Professional Services will use a screening program to see if I can get help paying my bill.

**Photos and videos:** Tania M. Lewis Professional Services may take photos or videos for medical or teaching purposes. If they are used for teaching, they will not be labeled with my name or other information that would identify me.



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**Release of Information by Insurers:** My health care insurer may share with Tania M. Lewis Professional Services and its approved agents my health and account records for the care I have received from non- Tania M. Lewis Professional Services care providers. This information may be used as needed to provide the best possible care. It may be used to manage or coordinate my care and to improve the quality of that care. If I do not agree to this, I will initial below.

\_\_\_ My insurers may not release my health and account records from non- Tania M. Lewis Professional Services providers as described above.

**Use of health records in research:** Research leads to new and better ways to diagnose and treat disease. Medical advances depend upon research using medical records. If you allow the use of your information for research, your privacy will be protected. For example, research results will not include information that would identify you. I agree to let my health records be used for research as described in Fairview's Privacy Notice. If I do not agree to this, I will initial below.

\_\_\_ Researchers may not use my health records.

**Valuables:** I am responsible for my own valuables. I understand and accept that Tania M. Lewis Professional Services is not responsible for damage to vehicles in parking lot. Tania M. Lewis Professional Services is not responsible for the loss or theft of personal articles. Tania M. Lewis Professional Services is not responsible for loss of money.

**Communication:** I understand Tania M. Lewis Professional Services may need to contact me in regard to my services and accounts. I give permission for Tania M. Lewis Professional Services and its approved agents to contact me by phone (including my cell phone) and leave detailed messages. This may include the use of auto-dialers or pre-recorded messages. I understand the content and accept the terms on this consent form. If I have concerns with parts of this consent, I will discuss them with who is helping me with this form. The authorizations on this form will remain valid until I revoke (withdraw) them in writing or until the law states they have expired. However, any actions already taken in reliance upon these authorizations will remain valid. (I cannot undo actions that were taken while my consent was valid.) I may get help with this process at any time by contacting Tania M. Lewis Professional Services at 1-817-528-6710.

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*Client or authorized decision-maker*

*Relationship to patient*

*Date*

*Time*

***This form must be signed by the patient (rather than another person), unless the patient lacks mental capacity to make decisions or physical capacity to sign.***

Interpreter, if used: \_\_\_\_\_ Language/Organization: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_