

Arrowhead Neurosurgical Medical Group, Inc.

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Terms and Agreements, and Consent for ANMG Neurosurgery Remote Second Opinion

Patient/Provider: _____ Date of Birth _____

Patient/Provider Location, State/Country of Residence: _____

PURPOSE: The purpose of this form is to obtain your consent to participate in the ANMG (“Arrowhead Neurosurgical Medical Group, Inc.”) Neurosurgery Remote Second Opinion Program.

You have requested a written second opinion report which will be provided by Arrowhead Neurosurgical Medical Group, Inc. The neurosurgeons of ANMG will review your medical condition described in the second opinion packet you have 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 physicians for which the physicians of ANMG use for consultation including neurologists, radiologists, and/or pathologists. These opinions will be determined mostly by the quality and completeness of the information provided by you. You should provide the following information:

- Patient medical records
- Medical images (MR, CT, X-ray)
- Pathology reports
- First and/or subsequent opinion notes

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. ANMG does not take any responsibility nor hold liability, for the accuracy or completeness of the information provided by you or your physician.

You understand that by participating in the ANMG Neurosurgery Second Opinion Program you will be registered in the ANMG system and a patient account will be created for you, which will facilitate the following:

- Storing any medical records you and your treating physician provide to ANMG
- Sharing your records with other physicians who may assist in providing your second opinion such as a neuroradiologist, neurologist, neuropathologist, 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 ANMG 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 judgment errors or other adverse unintended outcomes, including death.

DISCLAIMER: THE CONSULTS, INFORMATION, AND MATERIALS PROVIDED BY ANMG NEUROSURGERY SECOND OPINION PROGRAM ARE INTENDED SOLELY FOR INDIVIDUALS/PROVIDERS SEEKING GENERAL INFORMATION ABOUT MEDICAL PROCEDURES AND DIAGNOSES, AND ARE NOT INTENDED FOR INDIVIDUALS OR PATIENTS SEEKING MEDICAL ADVICE FOR TREATMENT, OR AS EVIDENCE OR OPINION IN RELATION TO ANY PRIOR, CURRENT, OR SUBSEQUENT LITIGATION AGAINST ANY HEALTHCARE PROVIDER OR INSTITUTION THAT HAVE PROVIDED THE INDIVIDUAL/PROVIDERS ANY CARE.

THE REPORT PREPARED BY THE ANMG 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 ANMG 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 ANMG NEUROSURGERY SECOND OPINION PROGRAM DOES NOT CREATE A PHYSICIAN-PATIENT RELATIONSHIP AND DOES NOT OBLIGATE ANMG OR ITS PHYSICIANS OR PROVIDER TO FOLLOW-UP OR CONTACT YOU.

Patient/Provider Consent

Unless otherwise arranged in advance, upon completion of the consultation, ANMG does not assume any responsibility for retaining any copies of my health record or continuing to provide medical care or treatment. I definitively release ANMG 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 ANMG that is separate from any charges I may pay to my treating physicians, clinic or hospital. I agree to pay ANMG for the charges billed to me for the Remote Second Opinion. I understand that this fee is NON-REFUNDABLE, and is due PRIOR to generation of the second-opinion report.

I have read and understand the information provided above regarding the ANMG Neurosurgery Second Opinion Program and my questions have been answered. I hereby give my informed consent to the Arrowhead Neurosurgical Medical Group, Inc. to provide a second opinion report per my request.

Patient/Provider Name (please print) _____

Patient/Provider Signature _____ Date _____

Witness Signature _____ Date _____