

KENNETH GEHMAN MEDICINE PROFESSIONAL CORPORATION

CONSENT FORM

Note to Patient: We want your informed consent. This means that we want you to understand the services we hope to provide you, any third party costs, and what we do with personal information we obtain about you. If you have a question on any of this, please ask.

CONSENT FOR TREATMENT:

By consenting to attend the appointments given to me by Dr. Gehman's office, I hereby consent to undergo investigations and treatments ordered by or performed by Dr. Gehman. I further agree that at his discretion, Dr. Gehman may make the use of other physicians and may permit them to order or perform all or part of the investigation or treatment, and I agree that they shall have the same discretion in my investigation and treatment as Dr. Gehman.

CONSENT FOR THE COST OF THIRD PARTY ISSUES:

Occasionally, insuring bodies such as private insurance carriers, WSIB or Government of Canada request medical information or documentation to be supplied by Dr. Gehman. Dr. Gehman will only fill out these forms if a patient's current authorization is on file in our office, allowing us to release pertinent information to that specified body. There is usually a fee assigned for Dr. Gehman to complete these forms. The requesting body does not always cover this cost; therefore it is the responsibility of the patient to cover these costs. Our office will notify you of the cost involved when the forms are presented to us for completion. If this fee is a hardship for you, please speak to the Office Manager.

CONSENT FOR PERSONAL INFORMATION:

I understand that to provide me with surgical consultation and ongoing treatment, Dr. Gehman will collect personal information about me (e.g., name, address, phone number, OHIP number). This information may need to be shared with other health care providers in order to obtain necessary diagnostic tests, laboratory results or interpretations.

I have reviewed Dr. Gehman's Privacy Policy about the collection, use and disclosure of my personal information, steps taken to protect the information and my right to review my personal information. I understand how the Privacy Policy applies to me. I have been given a chance to ask any questions I have about the Privacy Policy and they have been answered to my satisfaction.

I understand that, as explained in the Policies and Procedures for Personal Information, there are some rare exceptions to these commitments.

I agree to Dr. Gehman collecting, using and disclosing personal information about me as set out above and in Dr. Gehman's Privacy Policy.

Signature

Date

Printed Name