



The Steven A. Cohen
Military Family Clinic
at the University of Pennsylvania

Cohen Clinic General Consent

Thank you for choosing the Steven A. Cohen Clinic at the University of Pennsylvania (Cohen Clinic), a Penn Medicine practice.

Penn Medicine is part of the University of Pennsylvania and its Health System. The care you receive at Penn Medicine may include care by a hospital, the Clinical Practices of the University of Pennsylvania, Clinical Care Associates, and/or other affiliated practices or facilities, and each of their authorized agents, employees, and designees (all together, "Penn Medicine").

- I have read and understood each paragraph below, and by signing give consent voluntarily.
- If signing electronically: I accept and I intend the signature(s) below to be legally binding and the equivalent of my handwritten signature.

PATIENT SIGNATURE:

<i>Patient Signature</i>	<i>Printed Name</i>	<i>Date</i>	<i>Time</i>
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LEGALLY AUTHORIZED REPRESENTATIVE SIGNATURE:

<i>Representative Signature</i>	<i>Printed Name</i>	<i>Date</i>	<i>Time</i>
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Relationship to Patient

PENN MEDICINE REPRESENTATIVE SIGNATURE:

<i>Signature</i>	<i>Printed Name</i>	<i>Date</i>	<i>Time</i>
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Entity



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CONSENT TO CARE: I present myself for outpatient care at the Cohen Clinic. I voluntarily consent to care including routine tests and treatment. I know that no guarantees have been made to me about the results of the care provided. I understand that Penn Medicine is part of the University of Pennsylvania, which is a teaching institution. I agree that those in training programs may take part in my care. I understand that for the purpose of my care, certain of my tissue(s), bodily substances and/or fluids may be removed and used, modified, disposed of, or transferred by Penn Medicine. I agree that any remaining tissue(s), bodily substances, and/or fluids may be used for education and research not specifically related to my care. I understand that video, audio, and/or digital recordings/images of my treatment by Penn Medicine may be taken, and may be used for:

- Improving the quality of care, in which case recordings/images will not become part of my medical record and will be erased after review; and
- Consultative services and treatment by healthcare providers at a distant site, such as another hospital, authorized by Penn Medicine, which may include interactive video, audio, and telecommunications technology (also known as “telemedicine”). Details of my health history, examinations, x-rays, tests and medical record may be reviewed by and discussed with these other healthcare providers at these distant sites and other hospitals.

CONSENT TO USE AND DISCLOSE PERSONAL HEALTH INFORMATION: I understand and consent that Penn Medicine is permitted to use and disclose health information about me in any form including electronic for **treatment and healthcare operations** and as otherwise allowed by law. This includes sharing my health information with:

- Penn Medicine or outside providers involved in my care, and family members or friends involved in my care.

SPECIFIC CONSENT TO USE AND DISCLOSE SPECIAL RECORDS: I understand that Federal and state law specially protect health information and records relating to treatment for mental illness, HIV or AIDS, and/or drug or alcohol abuse (“Special Records”). Such laws allow Penn Medicine to use and share Special Records for my care and treatment and for other specific purposes. In other circumstances, Penn Medicine will obtain special patient consent to release records. Questions on privacy issues may be directed to privacy@uphs.upenn.edu.

NOTICE OF PRIVACY PRACTICES: I acknowledge receipt of Penn Medicine’s Notice of Privacy Practices, which explains in more detail how my health information may be used and/or disclosed.

PATIENT RIGHTS AND RESPONSIBILITIES: I have been informed of the Patient Bill of Rights and Responsibilities that explains my rights and responsibilities as a patient in a language and manner that I understand and a copy has been made available to me. Penn Medicine provides translated Patient Bill of Rights and Responsibilities to assist patients and families on its website, <http://www.pennmedicine.org/for-patients-and-visitors/patient-information/patient-rights-and-safety/patient-rights> and language interpretation services are available, as needed.

TELEHEALTH SERVICES: Services at the Cohen Clinic may be delivered fully or partially via telehealth. The Cohen Clinic will do its utmost to honor my preferences regarding telehealth and/or in person services.

SEVERABILITY: If any part of this consent form is declared to be invalid, illegal or unenforceable, the rest of this consent form will not be invalid. This does not take away any rights I, my employer, or my insurance company may have under any existing contracts with Penn Medicine, or any statutory rights I may have.