



**Veinguard Heart and Vascular Center
GENERAL CONSENT OF TREATMENT**

AUTHORIZATION FOR TREATMENT: I voluntarily consent to rendering of medical care, treatment and diagnosis, including such diagnostics, therapeutics or medical procedures to be performed at Veinguard Heart and Vascular Center by Dr. Fareeha I. Khan, MD, her designee, or assistant as is necessary in her judgment, or by personnel in Veinguard Heart and Vascular Center.

I understand that medical diagnosis and treatment may involve a substantial risk. I understand that absent emergency or extraordinary circumstances, major therapeutic and diagnostic procedures will not be performed on me unless or until I have had the opportunity to discuss such procedures and risks associated therewith to my satisfaction with Dr. Khan or other health care professional and I have consented to such procedure. I understand that the practice of medicine is not an exact science and I acknowledge that no guarantee has been made to me promising any specific result or outcome from any diagnostic or therapeutic treatment performed on me in Veinguard Heart and Vascular Center.

I understand that I have right to refuse or withhold my consent to any proposed diagnostic or therapeutic procedure. I have been afforded the opportunity to set forth below any limitation to the general consent I have granted herein:

USE AND RELEASE OF INFORMATION: I understand that Veinguard Heart and Vascular Center will keep a record that contains my medical, personal and other information related to my diagnosis, care and treatment in electronic, paper, and other forms. I understand that Veinguard Heart and Vascular Center may release any information about me, my health, the health services provided to me, or payment for my health services, that may be a necessity: (1) for my treatment (to other healthcare providers or facilities that need the information for my continued care); (2) for any purposes related to payment by me or a third-party for services (to determine eligibility, to process insurance claims, for utilization and review, or for billing and collection purposes, as necessary to obtain payment); or (3) for the health care operations of Veinguard Heart and Vascular Center or affiliated healthcare provider that has had relationship with me (quality assessment, training programs, planning, etc.).

TELEMEDICINE: I understand that Veinguard Heart and Vascular Center may use telemedicine during the course of my treatment. Telemedicine uses audio and video equipment to permit a two-way, real-time, interactive communication between patient and physician or another practitioner who may be located at a distant site. The information gathered during telemedicine consult will be maintained in my medical record, and privacy and confidentiality of my medical information will be maintained at all times. Veinguard Heart and Vascular Center will not record the actual audio or video transmission unless otherwise specified by my physician or practitioner. I understand that I have the right to withdrawal my consent for telemedicine at any time without affecting the right to future care or treatment. I also understand the alternative methods of care may be available to me, and I may choose other options at any time.

CONSENT TO PHOTOGRAPH/ VIDEO RECORDING: Veinguard Heart and Vascular Center PC is permitted to photograph and/or video the medical or surgical progress and can use the same for scientific, educational, marketing or medical research purposes.

NO SHOW/LATE APPOINTMENT CANCELLATION POLICY: I understand Veinguard Heart and Vascular Center has a strict no-show policy where patient is supposed to notify at least 48 hours in advance for any cancellations or change in appointment. If I am not able to give 48 hours' notice, I understand that the Practice will charge my credit card on file a late cancellation /no show fee of \$50 for a scan or follow-up appointment or \$250 for longer visits like ultrasound, sclerotherapy or endovenous procedures, or nuclear stress tests. Such fees can be avoided by giving more than 48 hours' notice by calling Practice at (703) 560-1075 or emailing to frontdesk@veinguard.org.

Patient signature: _____ Date: _____