

CONSENT FOR CARE AND TREATMENT:

I understand that Patient, which may be defined as me, my child or a child for whom I have legal responsibility, needs medical care and treatment and I consent to such treatment at Milauskas Eye Institute. Treatment provided by medical providers, nurses, and medical assistants at Milauskas Eye Institute may include evaluation and management, laboratory and other testing; routine medical, nursing and medical assistant care and procedures. I understand that photos or video of Patient may be taken in connection with such treatment and for operational, and quality improvement.

No Guarantee: I acknowledge that no guarantees or warranties have been made with respect to treatment or services to be provided by Milauskas Eye Institute. I understand that all supplies, medical devices and other goods provided to Patient are provided by Milauskas Eye Institute AS IS and Milauskas Eye Institute disclaims any expressed or implied warranties.

Patient Rights: I understand that a copy of Patient Rights and Responsibilities is available upon request. This information tells me how to register a complaint or grievance that I might have relating to Patient's care at Milauskas Eye Institute.

Communicable Disease Testing: I agree that if a Milauskas Eye Institute employee or provider is exposed to Patient's blood or other bodily fluid, pursuant to State law, Milauskas Eye Institute may test Patient to determine the presence of communicable diseases including Human Immunodeficiency Virus (HIV) and hepatitis. I understand that these test results will be kept confidential.

Specimen Disposal: I acknowledge that Milauskas Eye Institute may, in its sole discretion, remove, retain, or dispose of any tissue or body parts removed from Patient.

Text Messaging: I understand that Milauskas Eye Institute can provide notifications to my cell phone. These texts are Do Not Reply texts for informational purposes only and are not intended as a form of two-way communication. I acknowledge that standard text messaging rates and fees will apply. Messages may include private health and billing information protected under federal and state law. Messaging utilizes a public telephone network and full encryption and security is not guaranteed, and any person with access to my phone will be able to see these messages unless I take steps to protect my phone with a password or PIN. I will have the ability to opt out of text messages at any time by using the STOP function.

Accessing Pharmacy Information: I agree that if a Milauskas Eye Institute employee or provider needs to access my pharmacy information that they have my permission to do so.

Non-Discrimination: Milauskas Eye Institute complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin (including limited English proficiency and primary language), age, disability, or sex (consistent with scope of sex discrimination described at § 92.101(a)(2)). Milauskas Eye Institute does not exclude people or treat them less favorably because of race, color, national origin, age, disability or sex. I acknowledge that I have been given a full copy of the Non-Discrimination and Language Assistance Notice, and that I may request an additional copy at any time.

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Notice of Language Assistance Services & Auxiliary Aids and Services: Milauskas Eye Institute provides reasonable modifications for individuals with disabilities, and appropriate auxiliary aids and services in compliance with Section 1557, including qualified interpreters for individuals with disabilities and information in alternate formats, including but not limited to large print, Braille, recorded audio, and accessible electronic formats, free of charge and in a timely manner, when such modifications are necessary. Milauskas Eye Institute also provides language assistance services, including electronic and written translated documents and oral interpretation, free of charge and in a timely manner, to those with limited English proficiency. I understand and acknowledge that a copy of the full Non-Discrimination and Language Assistance Notice has been provided to me at least annually and/or upon my request and in the language or other format that I require, and that I have the option to opt out of receiving this full notice. I understand that Milauskas Eye Institute does not condition the receipt of any aid or benefit on my decision to opt out. I also understand that opting out of receiving the Notice is not a waiver of my right to receive assistance services or auxiliary aids. I acknowledge that should I decide to opt out of receiving the Notice that Milauskas Eye Institute will document my decision to opt out in my patient file. I acknowledge that Milauskas Eye Institute will document my primary language and any appropriate auxiliary aids and services that I require, and will provide those services to me as needed.

PATIENT'S NAME: _____

PATIENT'S DATE OF BIRTH: _____

PATIENT/GUARDIAN SIGNATURE: _____

DATE: _____ TIME: _____

ATTENTION: If you speak English or American Sign Language, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-469-886-0419 or speak to your provider.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-469-886-0419 o hable con su proveedor.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-469-886-0419 an oder sprechen Sie mit Ihrem Provider.

注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-469-886-0419 或咨询您的服务提供商。

注意：如果您說[中文]，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 1-469-886-0419 或與您的提供者討論。

LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-469-886-0419 hoặc trao đổi với người cung cấp dịch vụ của bạn.

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ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-469-886-0419 ou parlez à votre fournisseur.

ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-469-886-0419 или обратитесь к своему поставщику услуг.

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم (1-469-886-0419) أو تحدث إلى مقدم الخدمة".

주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-469-886-0419 번으로 전화하거나 서비스 제공업체에 문의하십시오.

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyong upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-469-886-0419 o makipag-usap sa iyong provider.

ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l'1-469-886-0419 o parla con il tuo fornitore.

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd aladispozisyon w gratis pou lang ou pale a. Èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòm aksèsib yo disponib gratis tou. Rele nan 1-469-886-0419 oswa pale avèk founisè w la.

ማሰቢያ:- አማርኛ የሚናገሩ ስዞች፣ የቋንቋ ድጋፍ አገልግሎት በነፃ ይቀርብልዎታል። ማረጃን በተደራሽ ቅርጾች ለማቅረብ ተገቢ የሆኑ ተጨማሪ እገዛዎች እና አገልግሎቶች እንዲሁ በነፃ ይገኛሉ። በስልክ ቁጥር 1-469-886-0419 ይደውሉ ወይም አገልግሎት አቅራቢዎን ያናግሩ።

सावधान: यदि तपाईं नेपाली भाषा बोल्नुहुन्छ भने तपाईंका लागि नि:शुल्क भाषिक सहायता सेवाहरू उपलब्ध छन्। पहुँच योग्य ढाँडो चाहनुमा जानकारी दरान दुननुनउपयुक्त सहायता र सेवाहरू पिन िदनि: शुल्क उपलब्ध छन्। 1-469-886-0419 मा फोन दुनुनहोस्वा आफ्नो दरायकसुदुकरा दुनुनहोस्।

MAKINIKA: Ikiwa wewe huzungumza Kiswahili, msaada na huduma za lugha bila malipo unapatikana kwako. Vifaa vya usaidizi vinavyofaa na huduma bila malipo ili kutoa taarifa katika mifumo inayofikiwa pia inapatikana bila malipo. Piga simu 1-469-886-0419 au zungumza na mtoa huduma wako.

ਪਿਆਨ ਧਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬ ਬੋਲਿੰਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹੁੰਦੀਆਂ ਹਨ। ਪਹੁੰਚਯੋਗ ਫਾਰਮੈਟਾਂ ਧਵਿੱਚ ਜਾਣਕਾਰ ਪਰਿਠ ਕਰਨ ਲਈ ਢੁਕਵੇਂ ਪੂਰਕ ਸਹਾਇਕ ਸਾਠਿਨ ਅਤੇ ਸੇਵਾਵਾਂ ਵ ਮੁਫਤ ਧਵਿੱਚ ਉਪਲਬਧ ਹੁੰਦੀਆਂ ਹਨ। 1-469-886-0419 'ਤੇ ਕਾਲ ਕਰੋ ਜੀ ਆਪਣੇ ਪਰਿਠ ਨਾਲ ਗਿੱਲ ਕਰੋ।

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注：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-469-886-0419 までお電話ください。または、ご利用の事業者にご相談ください

توجه: اگر [وارد کردن زبان] صحبت میکنید، خدمات پشتیبانی رایگان در دسترس شما قرار دارد. همچنانکه و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالبهای قابل دسترس بهطور رایگان موجود میباشد. با شماره 1-469-886-0419 تماس بگیرید یا با ارائهدهنده خود صحبت کنید.

LUS CEEV TSHWJ XEEB: Yog hais tias koj hais Lus Hmoob muaj cov kev pab cuam txhais lus pub dawb rau koj. Cov kev pab thiab cov kev pab cuam ntxiv uas tsim nyog txhawm rau muab lus qhia paub ua cov hom ntaub ntauw uas tuaj yeem nkag cuag tau rau los kuj yeej tseem muaj pab dawb tsis xam tus nqi dab tsi ib yam nkaus. Hu rau 1-469-886-0419 los sis sib tham nrog koj tus kws muab kev saib xyuas kho mob.

ATENÇÃO: Se você fala [inserir idioma], serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-469-886-0419 ou fale com seu provedor.

ध्यान दें: यदि आप दहिी बोलते हैं, तो आपके दलए दनि: शुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ रारूपों में जानकारी रिन करने केदलए उपयुक्त सहायक साधन और सेवाएं भी दनि: शुल्क उपलब्ध हैं। 1-469-886-0419 पर कॉल करें या अपने रिता से बात करें।

UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-xxx-xxx-xxxx (TTY: 1-xxx-xxx-xxxx) lub porozmawiaj ze swoim dostawcą

মন োন োগ দি : দি আপদ বোংলো বনল তোহনল আপ োর জ য দব োমুনলয ভোষো সহোয়তো পদরনষবোদি উপলক্ক রনয়নে। অ্যানেসন োগয ফরমযোনে তথ্য প্রিন র জ য উপ ুক্ত সহোয়ক সহন োদগতো এবাং পদরনষবোদিও দব োমুনলয উপলক্ক রনয়নে। 1-469-886-0419 স্বনর কল করু অ্থো আপ োর প্রিা কোরীর সোনথ্ কথ্ ো বলু ।

قابل رسنلہ فارمیٹس می اگر آپ اردو بولتے ہ، تو کے لی زبان کی مفت مددکی خدمات دستیاب ہ ی۔ توجه دیں: پکال کریں 1-469-886-0419 معلومات فراہم کرنے کے لی مناسب معاون امداد اور خدمات بھی مفت دستیاب ہ ی۔ یا اپنی فراہم کنندہ سے بات کریں۔