



DERMATOLOGY • DERMATOPATHOLOGY • MOHS MICROGRAPHIC SURGERY • PLASTIC SURGERY

Consent for Thank You Visit Skin Cancer Screening Program

- 1. Purpose.** The purpose of this form is to obtain your consent for a skin exam by a dermatologist or a dermatology PA or NP ("Provider") at Vanguard Medical Specialists, LLC ("Vanguard"). The intent is to screen for skin cancer through a visual examination ("Thank You Screening").
- 2. How the Thank You Screening Works.** Your Provider is offering a complimentary exam to take place during the month of May 2020. If your Provider recommends a biopsy to diagnose a spot, then with your verbal consent, up to 3 complimentary biopsies will be performed. While the Thank You Screening and biopsies are complimentary, if any of the biopsy specimens must be sent to an outside lab, that lab will charge you a fee. In order to have an outside lab bill to your insurance, you must provide your insurance information at the time of service. Any other procedures, surgeries, or future visits are billed at Vanguard's usual rates. You may also request medical records to pursue treatment elsewhere.
- 3. Who qualifies for a Thank You visit:** By signing this form, you attest that you meet at least one of the qualifications: **(1)** Frontline healthcare worker as a doctor, NP, PA, nurse, MA or immediate support staff at an emergency room, urgent care, or primary care office, or **(2)** First responder such as a fire fighter or police officer, or **(3)** Essential employee of a critical infrastructure operation such as a farmer, grocery store clerk, government services employee (postal, trash, etc.), and similar occupations at critical infrastructure businesses. You also attest that you are either an existing patient Colorado, or you are a new patient in El Paso, Fremont, Pueblo, or Teller County.
- 4. Patient Forms & Payment:** You will need to fill out all the standard forms required of new patients at Vanguard. You will also need to present a photo ID. If you present insurance and your deductible has been met, your visit may be submitted to insurance. If you do not have insurance, the visit is complimentary. Any outside labs or additional treatment will be charged.
- 5. How the Thank You Visit works.** Your Provider will visually examine your skin. Please notify your Provider of any new or changing spots. You will be screened for any suspicious growths or lesions. For a definitive diagnosis of a suspicious spot, a biopsy is required. If no suspicious growths are found, we recommend you continue to see a dermatologist annually for a skin cancer screening.
- 6. Reschedule:** Appointments are limited, so if you must reschedule, we cannot guarantee that another appointment will be available. If you no show or cancel within 24 hours, you will not be offered another complimentary appointment.
- 7. Medical Information and Records.** All federal and state laws covering access to your medical records (and copies of medical records) also apply to this visit. No one other than the health care team described above can view your photos or information unless you agree to give them access.
- 8. Privacy & Your Rights.** All information for this visit will be maintained by the doctors, other health care Providers, and health care facilities involved in your care and will be protected by federal and state privacy laws. You may opt out of the Thank You visit at any time. This will not change your right to future care or health benefits.
- 9. Thank You Visit Waiver.** You acknowledge that you are participating voluntarily in the Thank You Screening. Your appointment is free of charge from Vanguard Medical Specialists, LLC, as a service to



you and this community. You agree to waive and release your Provider, Vanguard Medical Specialists LLC, its owners, medical providers, employees, and agents from any claims you may have about your Thank You Screening appointment and related services.

I attest that I meet the qualifications of the Thank You program as outlined above. I have had the chance to ask questions and all of my questions have been answered.

Patient Name (printed)

Signature of Patient

or

Signature of Patient's Representative

Date Signed

Representative's Relationship to Patient