

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.

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.

I consent to receiving my eyeglasses and/or contact prescription electronically via the patient portal. I understand that I can also request a paper copy of my prescription any time after it is finalized in my medical record and that I may revoke this consent at any time.

☐ Yes

☐ No

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. Please 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. Por favor 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. Bitte 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。请与您的提供商联系。

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。請與您的提供者聯絡。

LUU 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. Hãy nói chuyện với nhà cung cấp của bạn.

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. Veuillez en parler à 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. Пожалуйста, поговорите со своим провайдером.

تنبيه: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية المجانية متوفرة متاح لك. المساعدات والخدمات المساعدة المناسبة لتوفير المعلومات التنسيقات التي يمكن الوصول إليها متاحة أيضًا مجانًا. يرجى التحدث إلى مزود الخدمة الخاص بك.

주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 귀하의 서비스 제공자에게 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 serbisyo upang magbigay ng impormasyon sa mga naa-access na format. 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. Si prega di parlare con il proprio 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 aksesib yo disponib gratis tou. Tanpri pale ak founisè w la.

ማሳሰቢያ፡ ለማርሻ የሚናገሩ ከሆኑ፣ የቋንቋ ድጋፍ አገልግሎት በነፃ ይቀርብልዎታል። መረጃን በተደራሽ ቅርጽ ለማቅረብ ተገቢ የሆኑ ተጨማሪ እዛዎች እና አገልግሎቶች እንዲሁ በነፃ ይገኛሉ። እባክዎን አቅራቢዎን ያነጋግሩ።

सावधान: यदि तपाईं नेपाली भाषा बोल्नुहुन्छ भने तपाईंका लागि दनःशुल्क भादषक सहायता सेवाहरु उपलब्ध छन्। पहुँचयोग्य ढुँचाहरुमा जानकारी प्रिान िननउपयुक्त सहायता र सेवाहरु पदन दनिःशुल्क उपलब्ध छन्। कृपया आफ्नो प्रदायकसँग कुरा गर्नुहोस्।

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. Tafadhali zungumza na mtoa huduma wako.

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹੁੰਦੀਆਂ ਹਨ। ਪਹੁੰਚਯੋਗ ਫਾਰਮੈਟਾਂ ਵਿੱਚ ਜਾਣਕਾਰੀ ਪ੍ਰਦਾਨ ਕਰਨ ਲਈ ਢੁਕਵੇਂ ਪੂਰਕ ਸਹਾਇਕ ਸਾਧਨ ਅਤੇ ਸੇਵਾਵਾਂ ਵੀ ਮੁਫਤ ਵਿੱਚ ਉਪਲਬਧ ਹੁੰਦੀਆਂ ਹਨ। ਕਿਰਪਾ ਕਰਕੇ ਆਪਣੇ ਪ੍ਰਦਾਤਾ ਨਾਲ ਗੱਲ ਕਰੋ।

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。プロバイダーにご相談ください。

توجه: اگر فارسی صحبت می کنید، خدمات کمک زبان رایگان است در دسترس شماست. کمک ها و خدمات کمکی مناسب برای ارائه اطلاعات در قالب های قابل دسترس نیز به صورت رایگان در دسترس هستند. لطفاً با ارائه دهنده 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 ntawv uas tuaj yeem nkag cuag tau rau los kuj yeej tseem muaj pab dawb tsis xam tus nqi dab tsi ib yam nkaus. Thov nrog koj tus kws kho mob tham.

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. Por favor, fale com seu provedor.

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। कृपया अपने प्रदाता 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. Proszę porozmawiać ze swoim dostawcą.

মনোযোগ দিন: যদি আপনি বাংলা বলেন তাহলে আপনার জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবাদি উপলব্ধ রয়েছে। অ্যাক্সেসযোগ্য ফরম্যাটে তথ্য প্রদানের জন্য উপযুক্ত সহায়ক সহযোগিতা এবং পরিষেবাদিও বিনামূল্যে উপলব্ধ রয়েছে। আপনার প্রদানকারীর সাথে কথা বলুন।

توجه دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔ براہ کرم اپنے فراہم کنندہ سے بات کریں۔