

## Patient Consent Policy

Thank you for choosing SMIL/SDI as your Imaging Provider. We are committed to providing you with quality healthcare. **Please review our patient consent policy, ask us any questions that you may have, and sign below.** A copy will be provided to you upon request.

- I am consenting to treatment and services ordered by my Healthcare Provider to be performed by SMIL/SDI.
- De-identified protected health information may be used to support medical research. We will use standard practices to de-identify your protected health information before it is disclosed.
- I understand that if I provide a wireless telephone number at which I may be contacted, I consent to receive calls or text messages, including but not restricted to communications regarding billing and payment for items and services. Calls and text messages could include pre-recorded messages, artificial voice messages, automatic telephone dialing, or other computer-assisted technology. Messages could be sent from SMIL, its affiliates, or collection agencies. I may opt out electronically if I do not wish to receive these telephone calls or text messages.
- I understand that if I provide an email address at which I may be contacted, I consent to receive information electronically at the email address I provided. I may opt out electronically if I do not wish to receive these emails. Messages could be sent from SMIL, its affiliates, or collection agencies.
- An advance directive informs your physician what kind of care you would like to have if you become unable to make medical decisions because of an accident, illness or medical incapacity. While Southwest Medical Imaging (SMIL) recognizes and respects the rights of the patient to provide this facility with a copy of their directive, it is our organizations policy to sustain life until the patient is transferred to a hospital. Because the scope of SMIL is limited to outpatient imaging procedures, it is the policy of this facility, that any life-threatening situation that arises will be immediately treated with life sustaining measures. Concurrently, the emergency medical system (EMS) will be activated for emergency patient transport to a hospital facility. The patient's rights and needs to be an active participant in the decision-making process regarding his or her care is recognized and respected. Acknowledgment of this policy does not revoke or invalidate any current health care directive of health care power of attorney. If you do not have an Advance Directive and would like more information, you may obtain information at <https://azhdr.org/>.

**By signing below, I acknowledge that I have read and understood consent for treatment policy provided by SMIL/SDI and agree to abide by its guidelines:**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_