



Informed Consent for Self-Directed Labs

Patient Name _____ Date _____

Background

Sensible Solutions Care Clinic is a primary care clinic. We staff Nurse Practitioners trained in Family Practice who care for patients in a direct primary care model. We do not bill insurances. All care is paid for by the patient with cash, check, or credit card. Our providers are opted out of Medicare.

Sensible Solutions does offer Self-Directed Labs. Self-Directed Labs are labs chosen by the patient to have drawn to gain knowledge about their health. Self-Directed Labs are paid for by **cash or check only**.

Informed Consent on Results

I _____ understand that the results of labs drawn at Sensible Solutions Self-Directed Labs are not reviewed by any of the staff at Sensible Solutions Care Clinic LLC. The tests are self-directed, and all results are given directly back to the patient to whom they belong. There is no medical guidance or plan of care given with the results. It is the sole responsibility of the patient to seek medical care or guidance for the results of the labs. Obtaining lab values alone does not replace the clinic knowledge and guidance of a trained professional. Sensible Solutions Care Clinic LLC. is not responsible for any of the results of Self-Directed Labs. Sensible Solutions Care Clinic LLC. advises each person using Self-Directed Labs to seek medical care to review Self-Directed Labs and the plan of care that should go along with them. **Patient/legal guardian Initial** _____

I am at least 18 years of age, or I am the legal guardian of the patient being seen today. **Patient/legal guardian Initial** _____

Informed Consent on Procedure

I _____ understand that to obtain lab results, venipuncture must occur. The staff at Sensible Solutions Care Clinic LLC. are trained to perform this procedure. I understand that with any procedure there are risks. Risk with a venipuncture may include, but are not limited to: Pain, hematoma, infection, fainting, swelling, bleeding, bruising, sweating, low blood pressure, cellulitis, phlebitis, and others. I hereby do not hold Sensible Solutions Care Clinic LLC. responsible for any side effects or complication of venipuncture. **Patient/legal guardian Initial** _____

Indemnification Clause

I _____ agree to indemnify, defend, protect, and hold harmless the medial providers employed by Sensible Solutions Care Clinic LLC.; and their respective



**Sensible Solutions
Care Clinic**
Exceptional care, sensible cost

officers, directors, employees, stockholders, assigns, successors and affiliates from, against, and in respect of all liabilities, losses, claims, damages, judgements, settlement payments, deficiencies, penalties, fines, interest and costs, expenses suffered, sustained, incurred or paid by the indemnified parties, in connection with, results from or arising out of, directly or indirectly, the medical providers employed by Sensible Solutions Care Clinic LLC., rendering medical care, services, advise, and/or treatment, my failure to disclose all relevant information regarding my medial and physical condition, acts or omissions, the medial providers employed by Sensible Solutions Care Clinic LLC. Harm or injury resulting from medial medical care or pharmaceuticals provided directly or indirectly by the medical providers employed by Sensible Solutions Care Clinic LLC. I am aware of the potential side effects associated venipuncture and lab draws and will not seek indemnification or damages from the indemnified parties.

Final Consent

I hereby then consent to venipuncture for the purpose of Sensible Solutions Self-Directed Labs. I understand I am responsible for notifying my health care provider of the results. I do not hold Sensible Solutions Care Clinic LLC. responsible for any outcomes of the procedure or the finding of the lab results.

Signature _____ Date _____

ID Verified By _____ Date _____