

Jennifer Forrest, M.D.
Orthopedic Surgery

Mark Forrest, M.D.
Urology



Rivergate Orthopedics and Animas Urology, P.C.

555 Rivergate Lane, B1-106 | Durango, CO 81301
Ph: (970) 247-0508 | Fx: (970) 259-7091
www.ROAUdurango.com

Patient Responsibility Agreement

I, _____, request medical evaluation and treatment by Dr. Jennifer Forrest and/or Dr. Mark Forrest at Rivergate Orthopedics and Animas Urology, P.C. (ROAU). I understand that it is likely that my evaluation will include recommendations for additional testing and follow-up appointments. I understand that while ROAU will make reasonable attempts to follow-up on additional testing and to arrange continuing care, that I am ultimately responsible for my care. As such, I agree to contact ROAU with any changes in my contact information, agree to contact ROAU if I have not been contacted regarding results of tests I have completed, and agree to contact ROAU if I have not been scheduled for a follow-up appointment. I understand that failure to follow-up appropriately could result in failure to diagnose and treat health problems including cancer, which could in turn result in illness, disability, and death. I specifically decline to receive a certified letter informing me of these risks.

Signature: _____

Date: _____

Consent to Share My Medical Information With Selected Individuals (also see Notice of Privacy for Protected Health Information for additional details)

I _____, **permit** Rivergate Orthopedics and Animas Urology, PC
(Print Your Name)

to verbally share ANY aspect of my medical care with the following family or friends:

_____	_____
(Name of Person with whom we can share information)	(Relationship to You)
_____	_____
(Name of Person with whom we can share information)	(Relationship to You)
_____	_____
(Name of Person with whom we can share information)	(Relationship to You)
_____	_____
(Name of Person with whom we can share information)	(Relationship to You)

(Only if declining above) I _____, **DO NOT** want Rivergate Orthopedics and
(Print Your Name)

Animas Urology, PC to share any aspect of my medical care with family or friends.

Signature: _____

Date: _____