

TREATMENT AUTHORIZATION AND CONSENT FORM

I hereby consent and authorize Kara Diersing Clapp, PhD NP-c, a certified Family Nurse Practitioner, to assess, diagnose, and treat any and all medical conditions I may have as a voluntary client of Doctor Kara, PC Nurse Practitioner Clinic located at 880 East 9400 South Suite 116 in Sandy, Utah 84094.

I also understand that I may be referred to other professional health care providers and services and hereby consent to any recommended medically necessary referral as a part of my treatment plan. In the event I fail to adhere to my treatment plan or fail to schedule and maintain timely follow up with said referral, I hereby release Doctor Kara, P.C. Nurse Practitioner Clinic from liability related to any further injury, disability or death resulting from my failure to comply with recommended medical referrals.

Timely compliance is defined as 15-30 minutes for any life threatening condition, 1-4 hours for very urgent medical conditions, and 5-12 hours for moderately urgent medical conditions. All referrals of life threatening and imminently life threatening nature will be made to an emergency room nearest the location of the clinic, which is Alta View Medical Center at 1300 East and 9400 South in Sandy Utah. At the time of my office visit, I understand I will be advised of the urgency of my condition and the type of recommended referral being made as defined above.

For referrals that are not immediately or imminently life-threatening, all follow up is expected to be completed within 14-30 days of the date the recommended referral was made. Examples of this type of referral may include, but are not limited to: follow up of normal/abnormal test or procedure results by a specialist physician, referral for additional assessment and treatment by a medical specialist physician, medically-complex illnesses and conditions that are beyond the scope of practice of the nurse practitioner in the state of Utah.

I also understand the clinic will use the contact information I provided (which has been recorded in my medical record) to send written communication, verbal phone calls, or email. It is my responsibility as a client to provide updated information in writing to the clinic in event of any changes in my personal contact information. In the event I fail to maintain updated contact information in writing, I release Doctor Kara, P.C. Nurse Practitioner Clinic from any and all liability that results in injury, disability or death as a result of written and verbal communications that fail to reach me at the appropriate address, phone number, or email address.

In the event of any disputes arising from a treatment plan or medical services rendered by the clinic, I agree to contact Kara Diersing Clapp, PhD, NP-c in writing within 14 days and agree to submit the dispute within 30 days to arbitration services for final and binding resolution.

_____ (initial here) For non-VIP members there is a \$25.00 surcharge for after-hours appointments. VIP members receive a fee waiver from 6-11 pm Mon-Thurs, as it is a regular service feature of the VIP program.

_____ (initial here) **I understand I am being treated by a Certified and Licensed Family Nurse Practitioner who has a PhD and the Doctor Kara, P.C. logo refers to a non-MD provider.**

Client Name (Printed) _____ Date _____

Client Signature _____