



Observation Consent Form

Anyone who plans on observing the fluoroscopic procedure must sign the following consent. ABSOLUTELY NO EXCEPTIONS

Name of patient: _____

Name of Visitor/Observer: _____ Relationship to Patient: _____

Is this visitor treating healthcare staff Legal Guardian

If not, treating healthcare staff or legal guardian, has the Legal Guardian or parent given consent to observe? Y N

If the answer is "NO" then due to HIPAA regulations, the visitor will be unable to attend the procedure

Visitor/Observer must initial ALL statements and sign at the bottom of the page. Form must be presented to the MBS-Mobile Imaging staff prior to entering the mobile clinic.

____ 1. I am aware that there is absolutely no use of personal electronic devices on the mobile clinic. All video recording, pictures, or audio recordings are prohibited in all forms, on all devices, other than the medical equipment belonging to MBS-Mobile Imaging. I will comply with all MBS-Mobile Imaging policies and procedures and HIPAA regulations while on the mobile clinic. I agree that my personal phone or other electronic device must be turned off and placed inside a pocket or purse. The mobile clinic is private property/medical clinic and not public property. A copy of the medical procedure will be provided to the facility, home health, or health care professional requesting the procedure.

____ 2. This exam involves radiation exposure. A minimal amount of radiation scatter is a risk for all those present on the mobile clinic. I am aware of this exposure and accept full responsibility of any and all risks of being present during the procedure. Please take this into consideration if you are pregnant or may be pregnant.

____ 3. The procedure is being dictated and recorded therefore there is no talking during the procedure except by those health care professionals conducting the examination and having direct patient contact. I will not interfere in the exam and I will only assist if asked to do so. I will be allowed to discuss the evaluation in detail with the staff once the study and reports are completed.

____ 4. If any of my personal items are left on the mobile clinic it will be my responsibility to retrieve this from MBS-Mobile Imaging. It is not the responsibility of MBS-Mobile Imaging to return any left items to me. MBS-Mobile Imaging will make sure any items are well taken care of and they will be left at the local office in Henderson, NV at the end of the day, for pick up during hours of operation.

____ 5. Any and all medical records are the property of the facility or home health requesting the evaluation. Any extra copies of reports or a DVD can be obtained from the original document given to the facility/home health. Additional "release of records" paperwork can also be requested and completed with MBS-Mobile Imaging

____ 6. I understand that the medical team (SLP, and/or technician) on the mobile clinic can ultimately determine if anyone is allowed on the mobile clinic, or must exit the mobile clinic during the exam if they are concerned that it may interfere with the staff, procedure and/or the patient in any way, despite the agreement to any of the above items.

____ 7. I certify I have no active symptoms of a fever, cough, or other symptoms of a possible infection, nor I have been in contact with anyone with these symptoms in the last 14 days, or anyone currently diagnosed with a contagious illness (i.e. COVID-19, influenza, etc. Despite this, I agree to wear proper PPE per MBS-Mobile Imaging policies while in attendance of exam.

Signature: _____

Date: _____

Original Signature only/no verbal consent. Must be presented at time of procedure with the visitor/observer