

Generations Radiotherapy & Oncology PC

Consent for Patient Navigation Services

Patient Name: _____ Date of Birth: _____

Address: _____ Phone: _____

Purpose of Patient Navigation Services

The purpose of patient navigation services is to assist patients in accessing healthcare resources, understanding treatment options, coordinating appointments, and addressing barriers to care. The goal is to help patients make informed decisions about their healthcare and ensure they receive timely and appropriate care.

Why Do We Provide Patient Navigation?

Cancer care is provided best when each medical provider works to coordinate services with other providers. This means that instead of asking you to schedule appointments with your other physicians or with service providers, like radiology, we handle these matters for you. Studies suggest that patients who have navigation services may even have better outcomes in some situations.

Scope of Services:

By signing this consent form, you acknowledge and agree to receive support, which may include scheduling and coordinating medical appointments, assisting with insurance and assistance programs if available, providing information about medical procedures and treatments, connecting you with community resources if available, and advocating on your behalf with healthcare providers and agencies.

Coinsurance and Financial Responsibility:

I understand that my health insurance may require copay or coinsurance payments for patient navigation services. I acknowledge that I am responsible for any coinsurance amounts specified by my insurance plan. I understand that patient navigation services do **not** cover or pay for coinsurance, deductibles, or other out-of-pocket expenses. I agree to contact my insurer to clarify any questions regarding my coinsurance responsibilities.

Confidentiality: All information shared during patient navigation services will be kept confidential and will only be disclosed with your written consent, except as required by law.

Consent to Release Information: By signing below, I authorize the patient navigator to share relevant health and personal information with my healthcare providers and other necessary parties for the purposes of coordinating my care and providing navigation services.

Call Recording: A key benefit of patient navigation services is improved communication between you and your care team. Your navigator may contact you by phone or video to help manage your care, answer questions, and reduce the need for additional office visits, potentially saving time, money, and avoiding unnecessary delays. To ensure accuracy and proper follow-up, some navigator phone and video calls (or a summary of these calls) may be recorded and included in your medical record. These recordings are considered protected health information (PHI) under HIPAA and will be **stored securely**, with access limited to authorized personnel only. By signing below, I agree to have my phone calls or video calls recorded for healthcare purposes only.

Voluntary Participation: I understand that participation in patient navigation services is voluntary, and that by signing below, I am agreeing to receive such services. I may withdraw my consent at any time without affecting my eligibility for treatment, however, if I decline navigation services, I understand that I may be responsible for additional costs, such as preparation of special paperwork needed for certain types of insurance (e.g. cancer policies, disability insurance, etc.).

Acknowledgment and Agreement: I have read and understand this consent form. I have had the opportunity to ask questions, and my questions have been answered to my satisfaction. I agree to participate in patient navigation services as described above.

Patient/Guardian Signature: _____

Date: _____

Witness Signature: _____

Date: _____