



Archer Family Health Care
A Service of the College of Nursing

16939 SW 134 Ave
Archer FL 32615
352-495-2550
352-495-3401 Fax

CONSENT AND AUTHORIZATION

MRN: PATIENT NAME: VISIT DATE:

SECTION A: NOTICE OF LIMITED LIABILITY

I, ON BEHALF OF MY SELF, MY CHILD, AND/OR MY WARD, HEREBY ACKNOWLEDGE I HAVE BEEN INFORMED THAT: Health care and treatment that I/we receive at Archer Family Health Care will be provided by University of Florida employees and/or agents, including but not limited to nurse practitioners, nurse-midwives, nurses and students, clinical pharmacists, and physicians, ("health care providers"). I understand these health care providers are under the exclusive supervision and control of the University of Florida Board of Trustees and liability for their acts or omissions is limited to \$100,000 per claim or judgment by any one person and to \$200,000 for all claims or judgments arising out of the same incident or occurrence (see Florida Statutes 768.28). I further acknowledge that University of Florida health care providers are neither the employees nor agents of Shands Teaching Hospital and Clinics, Inc.

Patient/Guardian Date Witness

SECTION B: TREATMENT AUTHORIZATION, ASSIGNMENTS OF PROCEEDS, AUTHORIZATION TO RELEASE INFORMATION AND GUARANTOR AGREEMENT

- I. Authorization for Routine Diagnostic Procedures and Medical Treatment
II. Assignment of Benefits
III. Release of Medical Information by Archer Family Health Care
IV. Guarantor Agreement
V. Lien on Third Party Liability Proceeds
VI. Agreement to Pay for Professional Component and Other Pathology Services

* Third party payors include, but are not limited to, coverage available from: Medicare, Medicaid, or governmental programs; health, accident, automobile, or other insurance; worker's compensation; HMO (commercial, Medicaid, Medicare); self-insured employers; and any sponsors who may contribute payment for services.

Patient/Guardian Patient's/Guardian's Spouse
Insured Insured
Guarantor Guarantor's Spouse
Witness Date

COPIES OF THIS STATEMENT SHALL BE AS VALID AS THE ORIGINAL/ORIGINAL SIGNATURES ON FILE WITH ARCHER FAMILY HEALTH CARE