



HEART OF THE ROCKIES  
REGIONAL MEDICAL CENTER

## HRRMC Direct Access Cardiovascular Screening Consent

### REQUEST FOR SCREENING RESULTS TO BE REPORTED TO PATIENT ONLY (PATIENT SELF-REFERRAL FOR SCREENING)

To be completed by patient for Direct Access Cardiovascular Screening (DACs)

The results of the Direct Access Cardiovascular Screening (DACs) require additional expert interpretation and do not substitute for medical advice, diagnosis or treatment, which should be based on your physician's professional judgment, including his/her review of your test results, the findings of physical examination, and the review of your personal and family medical history.

**DACS results are not sent by HRRMC to your physician or other health care providers.** You are solely responsible for distribution of your screening reports to your physician or other providers and for scheduling a follow-up appointment to discuss your results with your physician/provider. Your failure to timely communicate and discuss your screening results with your physician/provider can result in missed or delayed diagnoses and treatment and other serious adverse consequences to your health and welfare. HRRMC disclaims any liability for your failure to timely communicate and follow up with your physician about your screening results.

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Patient Name (Last, First, MI)

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Cell phone

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Home phone

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Address

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City, State

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Zip

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Birth date

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Email

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Emergency contact name

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Emergency contact phone

By signing below, I hereby consent and authorize HRRMC to perform the clinical screening(s) indicated below, and to report the results of such screening(s) in a report to me at the mailing address indicated above. The results will also be uploaded to the HRRMC Patient Portal. I fully accept and assume the risks described above associated with the reporting of my screening results directly to me rather than to my physician or other provider, and I hereby waive and release HRRMC, its trustees/directors, officers, medical staff, employees and agents from any and all claims and liability associated with my failure to timely communicate and follow up with my physician or other health care provider concerning my screening results.

I agree that the screening(s) on the reverse side is being requested for the purpose of providing screening-results information to myself, so that I can monitor and take responsibility for my own health. I understand that no medical interpretation, medical advice, or medical expertise will be provided by HRRMC, its medical staff or employees, and that any references to "normal ranges" in the screening report(s) should not be relied upon as necessarily "normal" for me and require interpretation by a qualified health care provider familiar with my particular history, condition, and other physical findings.

*See reverse side*

I also understand that ordering the below screening(s) and receiving the screening results do not create any provider/patient relationship between me and HRRMC's Radiology, Cardiopulmonary, Laboratory, or Wellness managers or between me and any HRRMC staff physician or other provider, unless I have specifically scheduled a consultation with a physician or provider who has agreed to accept the responsibility of a formal physician/patient relationship with me.

HRRMC urges all patients requesting screenings for themselves to seek, without delay, the expertise of a health care professional skilled in the interpretation and treatment of diagnostic tests and medical conditions.

I understand that I am solely financially responsible for payment of the screenings, and that such screenings will not be billed to or paid by my health insurer.

I have read, understand and agree to the above terms and conditions.

Date: \_\_\_\_\_ Patient Signature: \_\_\_\_\_

This form must be completed and returned to the HRRMC registration desk before any requested screenings are performed.

**Check box below to indicate which screening(s) you are requesting:**

Screening Name	Price
<b>Full Cardiovascular Screening</b> (Includes the lipid panel and all five cardiovascular screenings below: Cardiac CT for Calcium Scoring, Carotid and Abdominal Ultrasounds, EKG, and PADnet). <i>fasting required</i>	<b>\$510.00</b>
<b>Cardiac Computed Tomography (CT) for Calcium Scoring</b> A CT scan (also known as a heart scan) that is looking for calcium particles in the plaque along the walls of your heart's arteries. Coronary artery blockage increases the risk of cardiac events.	<b>\$129.00</b>
<b>Carotid Artery Ultrasound</b> An ultrasound to examine the blood flow through the carotid arteries. Your two carotid arteries are located on each side of your neck and deliver blood from your heart to your brain. Carotid artery blockage increases the risk of stroke.	<b>\$235.00</b>
<b>Abdominal Aortic Artery Ultrasound</b> An ultrasound screening for aneurysms within the abdominal aortic artery. <i>fasting required</i>	<b>\$79.00</b>
<b>12-Lead Electrocardiogram (EKG)</b> Measures the rhythms of the heart.	<b>\$59.00</b>
<b>Peripheral Artery Disease (PADnet)</b> PADnet identifies blockages in the arteries and the quality of blood flow using pulse-volume recordings and segmental blood pressure measurements. Lower extremity blockage increases the risk of cardiac events.	<b>\$135.00</b>
<b>Blood Lipid Panel</b> A blood test for total cholesterol, triglycerides, HDL, LDL and ratio. <i>fasting recommended</i>	<b>\$25.00</b>



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## HRRMC Direct Access Cardiovascular Screening Legal Information/Disclaimer and Waiver

**INFORMATIONAL NATURE OF THE TESTS:** The HRRMC Radiology, Cardiopulmonary and Laboratory Departments provide Direct Access Cardiovascular Screening, including accompanying reference ranges (expected normal ranges) for your informational purposes only. **Direct Access Cardiovascular Screening cannot substitute for medical advice, diagnosis or treatment. Diagnosis and treatment of human illness should be based on your medical history, including your family's medical history, and a physical examination, along with your doctor's professional judgment and review of test results.**

It is therefore important for you to discuss your test results with your personal physician/health care provider. Physician judgment must remain central to the selection of diagnostic tests and therapy options of a specific patient's medical condition. **Always seek the advice of your doctor if you have any questions, and before you stop, start or change any treatment plan, including the use of medication. If you do not have a personal physician, visit [hrrmc.com](http://hrrmc.com) and click on the "Find a Provider" menu for a list of local licensed health care providers, so you can contact a provider for medical advice, diagnosis and treatment.**

**LIMITATIONS OF TESTING:** Your tests are performed by clinical professionals. Laboratory tests are completed in a CLIA-certified laboratory, utilizing stringent quality-control standards. However, no guarantees are made with respect to accuracy, completeness, errors or omissions of content. In no event will HRRMC, its Radiology, Cardiopulmonary, Laboratory or general staff be liable for any decision made, action taken, or action omitted, based upon the information provided through this Direct Access Screening program. The tests provided are known to have a certain percentage of false-negative results (disease is present, but value is normal), and false-positive results (no disease is present, but the value is abnormal). Therefore, whether your test results are normal or abnormal, you should consult with your physician/health care provider to determine the significance of your test values.

**NORMAL RESULTS:** A normal test result does not exclude the presence of serious disease, such as cardiovascular disease or cancer. People with cancer and other serious diseases can have normal values.

**ABNORMAL RESULTS:** Abnormal results do not necessarily mean that disease is present. Many variables, including diet, exercise, medications/supplements, and inflammatory conditions can affect values. In addition, the conditions to which blood is subjected during and after collection (before being tested in the laboratory) can affect laboratory values.

**LEGEND FOR INTERPRETING RESULTS ON REPORTS:** I understand that results outside the expected "normal" reference range will be indicated as letters next to the numerical value result. "H" means high value, "L" means low value, "HC" means "high critical" value, "LC" means "low critical" value.

**ROLE OF RADIOLOGY/CARDIOPULMONARY/LABORATORY PERSONNEL IN DIRECT ACCESS CARDIOVASCULAR SCREENING:** With Direct Access Cardiovascular Screening, HRRMC personnel do not receive your results and do not review your results. There is no doctor/patient relationship between the HRRMC personnel and the Test Subject/Consumer requesting the tests. **The Radiology/Cardiopulmonary/Laboratory personnel will not be interpreting your results, acting on your results, or giving medical advice concerning the significance of your values. Results must be interpreted by your personal physician/health care provider.**

**Your screening results will only be sent to you, not to your physician. It is your responsibility to share the results with your physician/health care provider, and to schedule an appointment to discuss your results with your physician/health care provider.**

**CRITICAL VALUE RESULTS:** Certain test values are considered “critical values” (or alert values). Critical value results are results which are considered life threatening and require urgent medical attention by a health care provider, such as your personal physician or an emergency room physician. If your radiology, cardiopulmonary or laboratory test shows a “critical value,” the Radiology, Cardiopulmonary or Laboratory staff will call you to give you the critical value result, and will recommend that you contact a physician/health care provider immediately. If the “critical value” is observed while you are present, staff will follow HRRMC policy titled “*Outpatient Diagnostics with ‘Chest Pain, Angina, or R/O MI’ as Indication for Order*” and recommend that you contact your physician immediately. If you are not present, the appropriate staff will call you to give you the critical value result, and will recommend that you contact a physician/health care provider immediately.

**It is your responsibility to immediately report any critical value to your health care provider, or to a nearby emergency room doctor, if you do not have a provider. HRRMC personnel will not be calling your doctor with any critical values obtained.**

For purposes of communicating to you any “critical results,” you are agreeing that HRRMC Radiology/Cardiopulmonary/Laboratory staff may leave a voicemail message on your telephone answering machine (or cell phone), asking you to call the appropriate HRRMC department immediately to obtain a critical result. In the event that the appropriate HRRMC department cannot reach you by leaving voicemail for you, you are also agreeing that HRRMC can call your listed “Emergency contact,” to ask them to help us notify you to call the appropriate HRRMC department immediately.

**MAILING OF RESULTS:** Otherwise, results will be uploaded to the HRRMC Patient Portal and mailed to you within seven days of direct access testing. **Since results will be mailed to you at your address, you accept responsibility should someone else at that address access these results. If you do not receive your results within one week, it is your responsibility to call the HRRMC Wellness Manager at 719-530-2057 to obtain your results.**

**PRIVACY:** HRRMC respects your privacy. Personal information collected from customers will not, unless required by law, be shared with any third party. The primary reason we collect personal information is for identification purposes and to enable you to obtain your test results. We do not distribute unsolicited emails, nor, unless required by law, do we share the names of customers with any third party.

**HRRMC EMPLOYEE EXPOSURE POLICY:** You understand that the HRRMC Laboratory has a policy to test for viral Hepatitis and HIV (AIDS) in the event that a Lab employee sustains an accidental exposure to your blood. You are consenting to viral Hepatitis testing and HIV (AIDS) testing of your blood sample in the event of employee exposure to your blood. The results of any such testing will be shared with you.

**THIRD PARTY PAYMENT OR REIMBURSEMENT:** Direct Access Cardiovascular Screening may or may not be reimbursed by a health insurance company or by Medicare, Medicaid, or any other city, state or federal program. Please check with your health insurance company or with Medicare, Medicaid, or any other city, state or federal program.

**PAYMENTS:** I understand that full payment is expected at the time of registration for Direct Access Cardiovascular Screening. No other billing will occur, and there is no refund option available.

\_\_\_\_\_  
Patient Name (printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Legal Guardian/Parent Name (printed)  
required for test subjects less than 18 years old

\_\_\_\_\_  
Date

\_\_\_\_\_  
Legal Guardian/Parent Signature  
required for test subjects less than 18 years old

\_\_\_\_\_  
Date