

Concierge Radiology Consulting (CRC)
Informed Consent and Acknowledgment of Services

Patient Name: _____

Patient Address: _____

Date of Birth: _____

Patient E-Mail Address: _____

Patient Number Phone _____

Thank you for choosing Concierge Radiology Consulting (CRC). Please read this Informed Consent and Acknowledgement of Services extremely carefully. This Informed Consent and Acknowledgement of Services explains the nature and limitations of our services. By signing below, you acknowledge and consent to these terms.

Nature of Services

CRC provides educational and informational radiology consulting services to help patients better understand their existing imaging studies and radiology reports. Our services may include:

- Reviewing your radiology report and/or images
- Explaining to you the medical terminology and the radiologist's findings
- Answering any questions and helping you understand potential implications
- Offering general guidance for follow-up with your treating physician

Disclaimers, Patient Certification, and Acknowledgement of Understanding

_____ : (PATIENT INITIAL) Not an Official Second Opinion

The services provided by CRC do not constitute an official second opinion. We do not assume responsibility for interpreting your images in a clinical or diagnostic capacity. CRC reviews are for informational and educational purposes only and are not intended to guide diagnosis or treatment.

_____ : (PATIENT INITIAL) Not Your Interpreting Radiologist or Treating Doctor

CRC consultants are not acting as your interpreting radiologist, or referring physician, or treating healthcare provider. CRC is not responsible for your

clinical care, medical decisions, or imaging interpretations originally provided by your healthcare team.

_____ : (PATIENT INITIAL) No Liability for Imaging Results or Discrepancies

If a discrepancy arises between CRC's observations and the original radiology report, at the patient's request, CRC may attempt to notify the interpreting radiologist or your healthcare provider, but CRC assumes no responsibility for clinical follow-up, patient management, or care outcomes.

_____ : (PATIENT INITIAL) Not a Substitute for Medical Care

CRC does not diagnose the patient, or prescribe treatment, or order imaging, or provide ongoing medical care. You must consult your physician or qualified medical professional for all decisions about your health and treatment.

_____ : (PATIENT INITIAL) Patient Responsibility

It is your responsibility to share any information from CRC with your healthcare providers and to follow up on any findings or questions. CRC is not responsible for delays in care or outcomes based on any review we provide.

_____ : (PATIENT INITIAL) No Guarantee of Provider Communication

If CRC identifies a significant concern, and is instructed to do so by the patient, CRC may make a good-faith effort to contact your interpreting radiologist or provider. However, we do not guarantee communication, provider response, or any clinical outcome.

Acknowledgment and Consent

I understand and acknowledge the scope and limitations of CRC's services. I understand that CRC does not provide an official second opinion or serve as a medical provider. I agree that CRC is not responsible for my care, the accuracy of prior radiology reports, or any outcome related to my imaging or treatment. I understand that I am responsible for all follow-up with my healthcare providers.

Signature of Patient or Legal Representative: _____

Printed Name: _____

Relationship (if not patient): _____

Date: _____