

Jai Medical Systems

Hepatitis C Treatment and Medical Records Release

Agreement Form

I, _____, understand that my doctor is requesting that I receive medication to treat my Hepatitis C. I understand that being on this medication will require me to have lab work performed multiple times over the next 9 months to monitor treatment progress in accordance with Maryland Medicaid guidelines. As part of my treatment, I agree to have, at a minimum, the following lab services performed and the results reported to Jai Medical Systems Managed Care Organization, Inc. (Jai Medical Systems):

A viral load lab 2-4 weeks after I begin treatment

A viral load lab during my last week of treatment

A viral load lab 12-18 weeks after I complete my treatment

I hereby authorize the release of any and all medical records and laboratory test results to Jai Medical Systems. I understand that Jai Medical Systems will maintain the confidentiality of my medical records in accordance with State and Federal laws. This medical record release will remain in effect for a period of one year from the date of signing and may be revoked in writing by me at any time prospectively, regardless of whether or not I am a current member of Jai Medical Systems.

I agree to follow all instructions given to me by my provider related to the treatment of Hepatitis C. I understand that it is very important that I take all medication as directed. I also agree to participate in any applicable Case Management programs recommended by Jai Medical Systems.

Signature of Patient

Date of Signature

Printed Name of Patient

Date of Birth