



Jeffrey C. Hopkins, M.D., LLC
Consent to Standard Physical Examination
without Non-Clinical Observer Present
Parent/Legal Guardian

Patient Information

Full Name: _____

Date of Birth: _____

Parent/Guardian Name: _____

Parent/Guardian Contact Number: _____

Standard Policy

It is the standard policy of Jeffrey C. Hopkins, M.D., LLC, to include the presence of a Non-Clinical Observer to patients for any Standard Physical Examination. The policy is for the benefit of both patients and providers. Not only may Non-Clinical Observers help protect patients and enhance their comfort, safety, privacy, security, and dignity, but they also may protect the provider against unfounded allegations of improper behavior. There may be instances for which the presence (either in the examination room or the medical office suite) of a Non-Clinical Observer is not available, but the patient and the patient's parent / legal guardian desires to continue the examination. This policy is not a response to any event at Jeffrey C. Hopkins, M.D., LLC, or by the provider.

A Non-Clinical Observer

A Non-Clinical Observer may be a parent or legal guardian of the patient, or other mutually agreed upon third party, who is not involved in direct medical care but is present during an examination for patient comfort and/or provider accountability. The Non-Clinical Observer does not perform any clinical duties. Non-Clinical Observers are not employees, contractors, or agents of Jeffrey C. Hopkins, M.D., LLC, or the provider. **NON-CLINICAL OBSERVERS DO NOT HAVE ANY DUTY OR OBLIGATION OF CONFIDENTIALITY TO THE PATIENT.**

Purpose of Examination

As part of the medical evaluation and treatment for eating disorders, a Standard Physical Examination is necessary. This generally includes routine, non-sensitive physical assessments that may include visual inspection, palpation, auscultation, and testing of vital signs and reflexes. This may also include obtaining an accurate height and weight measurement while the patient is in their gown and undergarments to ensure medical accuracy and prevent any misrepresentation of weight. The examination includes checking height and weight, blood pressure, and skin checks (for evidence of self-injury). The exam will also include listening to the heart, lungs, and stomach with a stethoscope; testing reflexes on the arms and legs; and looking into the eyes, ears, and mouth with a scope. Listening to the heart or lungs could involve



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incidental touching of the breast. This examination is a standard component of medical care for eating disorders and is conducted professionally and respectfully to ensure the patient's well-being.

Patient Rights

The patient has the following rights:

1. The right to be treated with dignity, respect, and privacy during all medical evaluations and treatments.
2. The right to ask questions and receive clear explanations regarding any aspect of the medical care.
3. The right to have a Non-Clinical Observer (i.e., patient's parent or legal guardian) at any time during the examination.
4. The right to withdraw consent or refuse any part of the examination at any time without fear of retaliation or negative consequences.

Physician Rights

Without limitation, Jeffrey Hopkins, M.D., reserves the right to decline conducting the examination if no acceptable Non-Clinical Observer is present, or if a patient's or legal guardian's patient's waiver of the right to the presence of a Non-Clinical Observer during a Standard Physical Examination and consent to a Standard Physical Examination in the absence of a Non-Clinical Observer has not been signed and provided in advance. Without limitation, the provider may end the physical examination or visit at any time.

Parental/Guardian Consent

I, _____, the parent/legal guardian of
Parent/Guardian Full Name
_____, understand, acknowledge, and agree that:
Patient's Name

A licensed healthcare provider will conduct a Standard Physical Examination, which includes obtaining an accurate weight measurement while the patient is in their gown and undergarments.

By selecting the options below, I confirm my understanding and indicate the specific circumstances under which I waive the right to the presence of a Non-Clinical Observer during



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the Standard Physical Examination and consent to provision of the Standard Physical Examination in the absence of a Non-Clinical Observer [check all that apply]:

I waive the right to the presence of a Non-Clinical Observer during the Standard Physical Examination and consent to the provision of the patient's Standard Physical Examination in the absence of a Non-Clinical Observer in the examination room during the Standard Physical Examination.

I waive the right to the presence of a Non-Clinical Observer in the medical office suite during the patient's Standard Physical Examination and I consent to the provision of a Standard Physical Examination of the patient in the absence of a Non-Clinical Observer within the medical office premises during the Standard Physical Examination. **THIS IS A SITTING AREA.**

By selecting the option below, I confirm my understanding and indicate the specific circumstances under which I authorize the presence of an individual who is neither the patient's parent or legal guardian as Non-Clinical Observer during the Standard Physical Examination and consent to provision of the Standard Physical Examination in the presence of such individual as a Non-Clinical Observer of a Non-Clinical Observer [check if applicable]:

I approve the presence of an individual who (A) is neither the patient's parent or legal guardian and (B) has been identified by name by me to the provider, as a Non-Clinical Observer during the Standard Physical Examination and consent to the provision of the patient's Standard Physical Examination in the presence of such individual as a Non-Clinical Observer in the examination room during the Standard Physical Examination. **ONCE SUCH INDIVIDUAL(S) IS IDENTIFIED, THE PROVIDER SHALL NOT BE REQUIRED TO RE-CONFIRM THIS APPROVAL AND THE APPROVAL SHALL REMAIN VALID UNTIL RESCINDED OR TERMINATED BY THE UNDERSIGNED.**

I UNDERSTAND, ACKNOWLEDGE AND AGREE THAT NON-CLINICAL OBSERVERS DO NOT HAVE ANY DUTY OR OBLIGATION OF CONFIDENTIALITY TO THE PATIENT AND THAT MY APPROVAL OF AN INDIVIDUAL WHO IS NEITHER THE PATIENT'S PARENT OR LEGAL GUARDIAN DOES NOT CREATE, GRANT OR OTHERWISE CAUSE ANY DUTY OR OBLIGATION OF CONFIDENTIALITY BY SUCH INDIVIDUAL TO THE PATIENT OR EXPECTATION OF ANY SUCH DUTY BY EITHER ME OR THE PATIENT.



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- I understand that I may ask questions or request additional information at any time regarding this Standard Physical Examination.
- I affirm that my waiver and consent is voluntary and in the best interest of the patient's medical care.
- I understand that I may rescind this waiver and consent at any time.

Acknowledgment & Consent

I, _____, hereby authorize Jeffrey C. Hopkins, M.D., to
conduct the necessary Standard Physical Examination as outlined above.
Parent/Guardian Full Name

1. By selecting the options above, I confirm my understanding and indicate the specific circumstances under which I waive the right to the presence of a Non-Clinical Observer during the patient's Standard Physical Examination and consent to the absence of a Non-Clinical Observer during the patient's Standard Physical Examination(s).
2. By selecting the options above, I confirm my understanding and indicate the specific circumstances under which I consent to the presence of a Non-Clinical Observer who is neither a parent or a legal guardian of the patient during the patient's Standard Physical Examination.

This waiver and consent will remain in place for one (1) year from the date of signature, reserving the right to rescind my waiver and consent at any time, and will be auto renewed on an annual basis unless rescinded or terminated.

Signature of Parent/Guardian: _____

Date: _____

Signature of Medical Provider: _____

Date: _____