

Option 2 Venue Consent Form:

For practices that operate and/or provide care within counties such as Philadelphia/Allegheny, but also does so within more favorable counties

Note: This document (and the information contained within it) is for internal use only. Do not distribute this document to patients or with the Venue Consent Form.

OPTION 2 DOCUMENTS:

- Practice instructions
- Front Desk Talking Points
- Optional Venue Consent Form Additional Information, which may be provided to patients who request additional information (separate document)
- Venue Consent Form for patients to sign in appropriate circumstances (separate document)

PRACTICE INSTRUCTIONS:

- Please do not distribute the “Practice Instructions” or “Front Desk Talking Points” to patients. These are for internal use only.
- If and as needed, the “Venue Consent Form Information” can be printed on practice letterhead and provided to a patient who is requesting additional information before signing the consent form.
 - If a patient receives the Venue Consent Form Additional Information document, please add the patient’s name and the date it is provided to the patient on the document, and include a copy of the document in the patient’s chart on the date it is provided to the patient.
- Customize the standalone “Venue Consent Form” by inserting the name of your practice and the county you are choosing (if you need assistance with selecting which county to insert, please reach out to your claims representative at Curi). Once you have completed those changes, print the form onto practice letterhead and distribute it for patients to sign annually. This form should be issued as a single document, but may accompany the “Venue Consent Form Information” when requested.
- If the patient refuses to sign the form, the practice administrator and/or the patient’s physician should be consulted about what to do. The practice, at a minimum, should allow the patient to be seen that day and then you may consider whether the practice desires to follow normal patient termination procedures. As always, Curi encourages you to reference and comply with its standard guidelines and precautions outlined in its [Risk Management Guide: Patient Dismissal](#) (log into Curi’s site first before clicking this resource link) any time your practice considers termination of a relationship with a patient.

While we have found the information contained herein to be useful for others and hope it will be helpful for you, please be aware that there are no guarantees. The information provided in this instruction document and related documents is being provided as informational, is not legal advice, and does not serve as a substitute for legal advice. Use of this information may not prevent a lawsuit, claim, or complaint from being filed against a practice using the material, and may not be successful for the purpose intended. For legal advice, please contact your personal or corporate counsel. Referenced Insurance Underwritten by one of the following entities: Arkansas Mutual Insurance Co., Medical Mutual Insurance Company of North Carolina, Medical Security Insurance Company, MMIC Insurance, Inc., MMIC Risk Retention Group, Inc., and UMIA Insurance Inc.