



## Disclaimer Form

Please complete this form prior to your appointment and bring it with you. Having requested the following specific laboratory test(s):

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I understand that:

- Laboratory results from Black Hills Surgical Hospital are for informational purposes only and are **not** a substitute for medical advice, diagnosis, or treatment.
- I am aware that I should consult a physician before I stop, start, or change any treatment plan, including the use of medication.
- I am responsible for consulting a physician.
- Neither Black Hills Surgical Hospital, nor its employees will interpret the results for me.
- I understand that results within the normal range do not ensure health.
- I understand that results that fall outside the normal range may not indicate disease.
- I understand that lab tests are not a substitute for a full medical evaluation.

Please initial each statement:

\_\_\_\_\_ I will not hold Black Hills Surgical Hospital, its officers, director, employees, affiliates, and sponsors liable for any outcomes which may result from my participation in this testing option.

\_\_\_\_\_ I understand that positive results to Hepatitis A, Hepatitis B, and Hepatitis C must be reported to the Health Department according to specific regulations.

\_\_\_\_\_ If I have requested that my results be mailed to me at the address listed above, I retain all responsibility should someone else at that address access these results. I have also provided a phone number at which I can be reached in the event that critical lab values are reported.

\_\_\_\_\_ I understand that I am expected to pay Black Hills Surgical Hospital in full at the time of service, that no other billing will occur, and that there is no refund option available. If I am eligible to receive Medicare benefits, I am aware that Medicare does not cover this service and I am fully responsible for payment at this time.

I have read and understand the information provided to me in this disclaimer.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Authorized Representative Signature \_\_\_\_\_ Relationship \_\_\_\_\_