

THE HOPKINS HEART HYPE PROGRAM



Name: _____ **Age:** _____

PATIENT DISCLOSURE, CONSENT AND RELEASE

The Hopkins Heart Hype Program of the Johns Hopkins University with the support of volunteers from **The Johns Hopkins Hospital, the Johns Hopkins University** and with donations of equipment from **Philips Medical Systems, and other community volunteers** is offering a free heart screening including an electrocardiogram (EKG), measurement of blood pressure and an echocardiogram to rule out potential causes of sudden death in athletes as part of our commitment to serving the preventative health needs of our community. This form documents your consent to the screening. The form also informs you of the importance of taking personal responsibility for your child's and your own health needs.

CONSENT TO SCREENING

I voluntarily request such associates, technologists, technical assistants, and other health care providers to perform a weight and blood pressure measurement, EKG and a limited echocardiogram screening, and I voluntarily request a qualified technologist and physician to interpret and communicate the results of the screening. I understand that this procedure involves the use of cardiac imaging technology, and I understand that these screening tests may not be sufficient for diagnostic purposes, and that an additional procedure(s) might be required in the event an abnormal finding is made on the screening tests.

I have been given an opportunity to ask questions about alternative forms of detection, the risks of non-detection, the nature, purpose and anticipated benefits of the screening to be used, and the risks and hazards involved, and I believe that I have sufficient information from the Physician/Technologist to give and do hereby freely give my informed consent.

NO WARRANTY OR GUARANTEE I understand that no warranty or guarantee has been made to me as to the results of the screening echocardiogram procedure.

CONSENT TO USE OF INFORMATION

I hereby grant permission for my medical information and identifying information to be stored in a database and consent to the use of this information for research purposes.

_____ Initial here

I agree to future communications or contact about this screening or for possible participation in future studies.

_____ Initial here

(complete other side→)

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PERSONAL COMMITMENT TO FOLLOW-UP ON RESULTS

I recognize and acknowledge that I am personally responsible for taking appropriate follow-up action upon receipt of these results. I understand that follow-up care and treatment is not a part of this program, and that I am financially responsible for the cost of any and all follow-up care; treatment and/or procedures whether or not covered by my insurance.

RELEASE OF CLAIMS AND WAIVER

Please carefully read and acknowledge your understanding of the following important information relating to your legal rights under this Free Screening Program.

RELEASE OF CLAIMS I, on behalf of myself and my representatives, executors, and administrators, do hereby absolutely, fully, and forever release, relieve, waive, relinquish, and discharge Johns Hopkins University, their physicians, and their respective agents, servants, employees, representatives trustees, administrators, successors, partners, principals, officers, directors, shareholders, parents, subsidiaries, and affiliates, and each of them, of and from any and all actions or causes of action actual or alleged claims, judgments, demands, debts losses obligations, liabilities, cost, expenses, sums of money, damages and/or liens of any kind or undiscovered, accrued or unaccrued, suspected or unsuspected, which either party may now have claim to have, or which may at any time hereafter accrue, arising out of, in connection with, in consequence of, in any way involving, or related to the performance, interpretation and communication of the results of the screening.

WAIVER I understand and agree that the Release set forth above is intended to be a full general release of all claims of every kind whatsoever, known or unknown, discovered or undiscovered, suspected or unsuspected, arising out of, in connection with, in consequences of, in any way involving, or related to the performances, interpretation and communication of results of the screening tests. I understand and acknowledge that I am expressly waiving my rights under state and federal laws to the full extent that I may lawfully waive all such rights and benefits pertaining to the subject matter hereof.

ACKNOWLEDGEMENT I (we) certify , that I (we) have read this form or have had it read to me and I (we) understand its contents.

THIS IS A LEGAL CONSENT AND RELEASE FORM. PLEASE READ IT CAREFULLY BEFORE SIGNING.

Date: _____ Time: _____ a.m./p.m.

Witness to Signing Date

Signature of Individual giving consent

Signature and Name of Legal Representative

Relationship to Individual

Signature and Name of Volunteer obtaining phone consent
(Volunteers: Please write in full name and relationship of person consenting for the athlete under
LEGAL REPRESENTATIVE)