



## Johns Hopkins Otolaryngology-Head and Neck Surgery Medical Second Opinion Program

### Patient Disclaimer

By using the Johns Hopkins Otolaryngology-Head and Neck Surgery Medical Second Opinion service, you agree to abide by the Terms and Conditions posted at our website ([www.hopkinsmedicine.org/otolaryngology](http://www.hopkinsmedicine.org/otolaryngology)), including particularly the Terms and conditions described below:

#### **CONSULTATIVE SERVICE**

The service provided through the Johns Hopkins Otolaryngology-Head and Neck Surgery Medical Second Opinion Program is different from the diagnostic services typically provided by a physician. The Johns Hopkins Medicine physicians providing this service will not have the benefit of information that would be obtained by examining you in person and observing your physical condition. Therefore, the physician may not be aware of facts or information that would affect his or her opinion of your diagnosis. Because this is a limitation on the accuracy of his or her opinion, and this is a risk to you, the recommendations of the Johns Hopkins physician will be shared with your local physician. By deciding to engage this service, you acknowledge and agree that you are aware of this limitation and agree to assume the risk of this limitation.

By requesting a Medical Second Opinion, you acknowledge and agree that:

- The diagnosis you will receive is limited and provisional;
- The Medical Second Opinion is not intended to replace a full medical evaluation or a face-to-face visit with a physician;
- The Johns Hopkins Medicine physician does not have important information that is usually obtained through a physical examination; and,
- The absence of a physical examination may affect the Johns Hopkins Medicine physician's ability to diagnose your condition, disease or injury.

By engaging our services, you acknowledge and agree to assume the risk of these limitations. You further understand that no warranty or guarantee has been made to you concerning any particular result or cure of your condition.

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Patient Signature

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Date