



# Provider Health Network

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## PATIENT CONSENT FOR SERVICES

### Explanation of Consent to Services

Your signature on this form shows that you understand that the Provider Health Network service providers are working with you as unpaid volunteers. Because of this, state and federal law offers them protection from lawsuits for acting in good faith.

### Consent to Services Provided by Volunteers

The information I have given in my application for services is correct to the best of my knowledge. I agree to assist with any verification efforts requested.

I understand that volunteers who are providing services through the Provider Health Network are doing so with no expectation of compensation.

I further understand that Texas law imposes on the recovery of damages from such a volunteer in exchange for receiving health care services. Those limitations include immunity from civil liability for any act or omission resulting in death or injury to a patient if:

- The volunteer was acting in good faith and in the course and scope of the volunteer's duties or functions within the organization.
- The volunteer commits the act or omission in the course of providing health care services to the patient.
- The services provided are within the scope of the license of the volunteer.
- Before the volunteer provides health care services, the patient or, if the patient is a minor or is otherwise legally incompetent, the patient's parent, managing conservator, legal guardian, or other person with legal responsibility for the care of the patient signs a written statement that acknowledges: a) That the volunteer is providing care that is not administered for or in expectation of compensation; and b) There are limitations on the recovery of damages from the volunteer in exchange for receiving the health care services.

I have read and understand the above and choose to be treated by a volunteer, understanding the limitations on the recovery of damages described above for:

Myself

The following person for whom I am legally responsible: \_\_\_\_\_

\_\_\_\_\_  
Client/Guardian Signature

\_\_\_\_\_  
Date