CONSENT FOR PATIENT TRANSPORT

The following constitutes patient consent of fixed-wing air ambulance transport:

FROM: *Enter Origin Airport* TO: *Enter Destination Airport*

The undersigned authorizes Worldwide Aircraft Services, inc. DBA JET I.C.U. provides air transport of a medical patient from one airport to another, either in the United States or worldwide. In connection with those services, JET I.C.U. provides the necessary medical personnel and equipment to assist in the transport of the patient. All of the services provided by JET I.C.U. involve risk of complications, unsuccessful results, injury, and even death from known or unforeseen causes. The physiological changes that may impact the patient during transport have been thoroughly explained to me and I accept the risk. The patient acknowledges and agrees that no warranty or guarantee is made by JET I.C.U. or its agent, including but not limited to any medical personnel, as the success or results of the air transport.

The undersigned authorizes any holder of medical and/or billing information about him/her to be released to JET I.C.U. and the hospital/facilities providing care, insurance companies, workman's compensation, appropriate government agencies or responsible payee for billing purposes. I authorize my insurance benefits be paid directly to the provided, JET
I.C.U. I understand that I am financially responsible for any balance not covered by insurance. Further, permission is granted to transfer any and all appropriate patient information, charts, x-rays and laboratory / diagnostics results.

The undersigned also gives permission for JET I.C.U. medical crew to take pictures of patient's wounds and/or injuries for
documentation purposes.

AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION PURSUANT TO HIPAA

The undersigned authorizes JET I.C.U., the release of information including the diagnosis, medical records, and release of STD results, HIV/AIDS testing, whether negative or positive, and any records regarding drug, alcohol, or mental health treatment.

- I understand that I have the right to revoke this authorization at any time by submitting a formal written request to JET I.C.U.
- I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.
- I understand that signing this authorization is voluntary. My treatment or transport will not be conditioned upon my authorization of this disclosure.

Information disclosed under this authorization may be re-disclosed by the recipient and this re-disclosure may no longer be protected by federal or state law.

If the treated/transported party is unable to sign, a legal representative, guardian, health care surrogate, or power

Relationship to Patient: Relationship

of attorney may sign on the “patient’s” behalf.

Patient or Authorized Person's Signature:

{{Sig_es_:signer1:signature}}

Relationship to Patient: {{*Relationship_es_:signer2:text}}

Relationship to Patient: Relationship