

Consent Forms



You make all your health decisions. We are here for support.

Keeping your personal health information confidential is a priority for VillageHealth.

To start helping you, we need your consent to:

- Work closely with you and your doctors.
- Communicate with you by email or text.
- Access your medical records and share information with your other health care providers.

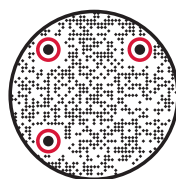
To fill out the form, you can either:

1. Use the paper form in this packet. Sign where you see the green arrows. Then mail it back (within 30 days) using the prepaid envelope.
2. Use the QR code to sign digitally.
3. To use the QR code:
 - Make sure your smartphone is connected to the internet.
 - Open the camera on your smartphone.
 - Select the rear-facing camera in Photo or Camera mode.
 - Hold your phone up to the QR code and keep it steady for a couple of seconds.
 - Tap the box that pops up to open the link.

Questions?

**Call your kidney doctor or VillageHealth:
800-767-0063 (TTY 711), 7 a.m. - 7 p.m.,
Monday- Friday. These times are EST, or Eastern
Standard Time.**

QR code



*VillageHealth, DM LLC, doing business as DaVita Integrated Kidney Care, is a wholly owned subsidiary of DaVita, Inc. VillageHealth is engaged with your insurance provider to provide you with dedicated care services. By providing your consent to the terms in this documentation you also provide your consent to VillageHealth's affiliated entities.

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