

Patient Visits for the 26th Annual NMF Conference
Marfan Syndrome & Related Aortic Disorders & Valve Diseases

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July 8 & 9, 2010 – Echocardiograms & Eye Exams
July 11, 2010 - Health Fair

Participant Consent and Release

The intent of this consent and release form is to advise you of the purpose of the Health Fair for Patient Visits for the 26th Annual National Marfan Conference sponsored by Baylor College of Medicine and to provide you with information about the components of the Health Fair.

The purpose of the Health Fair is to educate individuals about the risks of Marfan syndrome and related disorders and encourage screening for these conditions. The Health Fair is entirely voluntary and anyone may participate.

I understand that the components of the Health Fair are as follows:

- The Health Fair will be offered to individuals who wish to participate at the Baylor Clinic of the Baylor College of Medicine (“Baylor Clinic”). The Health Fair will be administered by Members of the NMF Professional Advisory Board, physicians from Baylor College of Medicine and other Marfan specialists (the “Physicians”). Also participating will be registered nurses, echocardiogram technicians, and genetic counselors employed by Baylor College of Medicine, all of which along with the Physicians are referred to herein as “Medical Professionals”.
- I understand that the Medical Professionals involved with this Health Fair are not my personal healthcare providers and are offering this Health Fair solely as a voluntary educational program.
- I understand that the Medical Professionals will perform a screening for me using an echocardiogram and/or eye exam. The echocardiogram will show the Medical Professionals the structure of my heart and the eye exam will be a standard eye assessment.
- If anything concerning is identified, the Medical Professionals will discuss recommendations for a follow-up examination by my personal health care providers.
- I understand that the evaluation provided by the Medical Professionals at the Health Fair is not a professional medical evaluation, does not constitute professional medical advice or treatment, and is not a substitute for medical advice or treatment. I understand that I need to contact my health provider(s) directly regarding any further treatment or recommendations related to this Health Fair and the evaluation provided through this Health Fair. Further, I understand that the Medical Professionals providing the screening and administering the Health Fair are not providing professional medical advice to me through this Health Fair nor will they follow-up with me regarding the results of this evaluation or any further recommendations related to this evaluation.
- Confidentiality of data relating to participants of the Health Fair, including their identity, is respected by Baylor College of Medicine. Baylor College of Medicine makes every effort to comply with the legal requirements for medical/health information privacy of the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”). If I agree to participate in this health fair and receive a free medical

evaluation, all of the information which I provide will be kept confidential. Baylor College of Medicine shall ensure that:

- only necessary information is collected about me;
 - all records and evaluation results are kept strictly confidential and will not be released to anyone without my consent;
 - storage, retention, and destruction of my personal information will comply with existing legislation and privacy protocols.
- By signing this consent, I agree that Baylor College of Medicine has given me proper notice of my privacy rights and its legal duties and privacy practices regarding the confidentiality of my health information.

Participant Consent and Release

I have read the full content of this document. I understand my involvement as a participant and the risks I may encounter. I understand that I have voluntarily consented to participate in the Health Fair and that no guarantees regarding the Health Fair’s effectiveness or prevention are being made. In consideration for the benefits which I will receive by participating in the Health Fair at Baylor College of Medicine, I, _____, **DO HEREBY RELEASE AND HOLD HARMLESS THE MEDICAL PROFESSIONALS AND BAYLOR COLLEGE OF MEDICINE, ITS TRUSTEES, OFFICERS, EMPLOYEES, FACULTY, STAFF, AGENTS OR SERVANTS (“BAYLOR”), AND THEIR AFFILIATED HOSPITALS AND CLINICS, FROM ANY AND ALL CLAIMS, DEMANDS, LAWSUITS, CAUSES OF ACTION, KNOWN OR UNKNOWN, OF WHATEVER NATURE, WHETHER FOR PERSONAL INJURY (INCLUDING SERIOUS DISEASE OR DEATH), OR OTHERWISE WHICH MAY ACCRUE TO ME, MY HEIRS, EXECUTORS, LEGAL REPRESENTATIVES, SUCCESSORS OR ASSIGNS FOR OR ON ACCOUNT OF MY VOLUNTARY PARTICIPATION IN THE HEALTH FAIR AT BAYLOR COLLEGE OF MEDICINE, ITS AFFILIATED HOSPITAL OR CLINICS, EVEN IF SUCH INJURY OR DEATH IS A RESULT OF THE NEGLIGENCE OF BAYLOR. THIS INDEMNITY AGREEMENT IS EXPRESSLY INTENDED TO INDEMNIFY BAYLOR AGAINST THE CONSEQUENCES OF THEIR OWN SOLE NEGLIGENCE OR FAULT AND AGAINST THE CONSEQUENCES OF THEIR NEGLIGENCE OR FAULT OCCURRING JOINTLY OR CONCURRENTLY WITH MY FAULT OR NEGLIGENCE OR THE FAULT OR NEGLIGENCE OF ANYONE ELSE.**

I understand that I may ask questions before signing this document. My signature below indicates I freely consent to participate in the Health Fair.

Date

(Printed Name of Participant)

(Signature of Participant)

(Printed Name of Representative Signing for Participant, if applicable)

(Signature of Representative Signing for Participant, if applicable)

(Representatives Relationship to Participant, if applicable)