

DriveAbility
at Exeter Hospital
4 Alumni Drive
Exeter, NH 03833
(603) 580-7927

Consent for *DriveAbility* Services

1. I hereby request and authorize a full comprehensive driving evaluation be completed by *DriveAbility* at Exeter Hospital, Inc. This evaluation will include a clinical assessment and a behind the wheel assessment. As needed, an assessment to determine my appropriate vehicle and equipment needs will also be completed.
2. I hereby request and authorize driver training to be completed by *DriveAbility* at Exeter Hospital, Inc. This training may include clinic/classroom education, equipment training, and behind the wheel lessons/training. Also included may be consultation time by the staff at *DriveAbility*.
3. I understand that driving a motor vehicle on public roads is a privilege granted me by the State Department of Safety and Motor Vehicles. I understand that safely driving a motor vehicle requires good physical control of the vehicle as well as good visual, perceptual, and cognitive skills by the driver. I understand that my disability or medical diagnosis has the potential to impair my ability to drive safely. I am voluntarily submitting to a driver evaluation in order to ascertain if I may have any physical, mental, visual, perceptual, and/or cognitive impairment which may impede my ability to drive a motor vehicle safely.
4. I authorize Exeter Hospital to send a copy of my evaluation report and any follow up reports to the State Department of Safety and Motor Vehicles, my physician, my funding agency, and the equipment vendor of my choice. I give this consent with the understanding that such disclosures may result in the revocation of my license to drive or prevent me from obtaining a license in the future.
5. I understand that operating a motor vehicle and therefore participating in the evaluation may involve risk of injury, or even death. I acknowledge that no guarantees have been made to me regarding the results of the driving evaluation by *DriveAbility* at Exeter Hospital. I further understand that operating a motor vehicle always is a risk and that successful completion of the driving evaluation and any recommendations does not ensure my safety while driving in the future.
6. I understand that among those who attend to clients at Exeter Hospital are medical, nursing, and other health care personnel in training or monitoring positions who may not be directly involved in my care, but may be involved in educational or training functions and I consent to their participation in this process. I also consent to the use of videos, videotaping, and /or photographs for legal, instructional, and/or medical use.
7. I understand that I am responsible for payment of any bills incurred and not otherwise reimbursed by insurance or third party payer. I authorize direct payment to Exeter Hospital of any insurance or third party benefits (otherwise payable to me) to which I am entitled for this assessment. I also authorize release of any information (including medical records) requested by my physicians, insurers, health care plan, appropriate medical organizations, or third party payers, for financial purposes or for pertinent treatment purposes. I authorize this information to be transmitted by mail, telephone, facsimile, or other electronic means.

Signature of Client

Date

Witness

Date

DriveAbility
at Exeter Hospital
4 Alumni Drive
Exeter, NH 03833
(603) 580-7927

8. I release and hold harmless Exeter Health Resources, Exeter Hospital, and *DriveAbility* at Exeter Hospital, their officers, agents and employees, and physicians (Here-in-after "Releasees") from any claims of any nature arising out of my participation on the driver training service. I further agree to indemnify and hold harmless Releasees (including the payment of attorneys' fees and expenses) from any claims by third parties arising out of my participation in the driver evaluation service, the assessment of my ability or fitness to drive a motor vehicle, or the disclosure of any information to the State Department of Safety and Motor Vehicles concerning my ability or fitness to drive a motor vehicle.
9. I understand that it is my responsibility to follow any recommendations made by *DriveAbility* at Exeter Hospital following completion of the driver training, and that my failure to do so is not the responsibility of Exeter Health Resources, Exeter Hospital, or *DriveAbility* at Exeter Hospital, their agents, employees, and physicians. These recommendations may include vehicle and equipment requirements, a series of driver education or training lessons, further medical treatment or consultation, license restrictions, or forfeiting my driving privileges. I am solely responsible for the completing these recommendations, and understand that the documentation of my ability to safely drive a motor vehicle will be contingent on my successful completion of all recommendations given by *DriveAbility* at Exeter Hospital.
10. I attest to the fact that I have submitted to Exeter Hospital full and accurate information regarding my current and prior treating physicians and complete information regarding my current and past medical history. I also attest that I have provided complete and accurate information regarding my driver's license status and driving record.
11. I understand that Exeter Hospital is not responsible for any property and valuables that I may have while at the facility.
12. I have been provided the notice of Health Information Practices, effective 4/14/2003.

**I have been advised to read this form carefully and I understand what it means.
I have had an opportunity to ask questions about this form and they have been
answered to my satisfaction. I am signing of my own free will.**

Signature of Client

Date

Witness

Date