

ADVANTAGE

Sleep Centers

The Pavilions of Voorhees
2301 Evesham Rd.
Suite 604
Voorhees, NJ 08043
1-866-867-1333

Orchards Shopping Center
1998 Route 70 East
Cherry Hill, NJ 08003
1-866-867-1333

Washington Pavilions
100 Kings Way East
Suite B6
Sewell, NJ 08080
1-866-867-1333

PATIENT CONSENT FORM

Patient Name _____ Date of Study _____

I grant permission for ADVANTAGE SLEEP CENTERS to perform testing and/or procedures necessary for the accurate diagnosis and/or treatment of any sleep disorder I may have.

I understand video and audio recording are included as a necessary part of the sleep study and I grant permission for such recording. The video and audio recording are considered medical information and will be retained as part of my permanent medical record.

I understand that these records are considered private medical information and will be kept confidential in accordance with HIPPA regulations and shared with authorized persons and entities in accordance with HIPPA regulations.

Signature

Date