**Referral Program Participation Consent and Release**

The purpose of this Program Participation Consent and Release is to inform you about the referral program and what you can expect if you enroll. You must sign and date this Consent and Release in order to participate.

1. The undersigned understands that I am enrolling inthe Improving Treatment Access for Skin Cancer, Inc. d/b/a iTASC referral program (“Program”), which connects underinsured patients (uninsured or insured but without coverage for skin cancer treatment) for skin cancer treatment with physicians who specialize in Mohs surgery (“Mohs surgeons”) for certain types of skin cancers.
2. I understand that iTASC does not provide treatment or give any medical advice. No information given to iTASC constitutes a medical diagnosis, advice or treatment.
3. I am aware that the Mohs surgeons who are registered with the Program, see patients through the Program, and have volunteered their services at no charge to Program patients.
4. I understand that the Program provides access to treatment by working through a platform which lets physicians refer their patients to volunteer Mohs surgeons. I understand that this platform may have technology problems and other delays which are unavoidable and can cause delays in access to treatment referrals.
5. I understand that the Program does not guarantee that a Mohs surgeon will be available or able to provide no-charge services to me at my current location or place of residence.
6. I will have the choice to accept or reject my referral to the Mohs surgeon who volunteers to see me and understand that I will have the choice to be treated by that Mohs surgeon.
7. I can choose to withdraw from the Program at any time by notifying iTASC at 3025 Governors Place Blvd., Dayton, Ohio 45409 Attn: President.
8. I understand that the Program may not have a Mohs surgeon who can see me at my location and agree that I will be responsible for any travel and/or other expenses (such as lodging/meals) associated with my care.
9. I understand that the Program does not provide healthcare services, does not have a license to practice medicine in any state and does not have errors or omissions, malpractice or other third-party liability insurance covering the Program.
10. I understand that the Program does not guarantee any specific treatment or the success of any specific treatment, or cosmetic result.

Based on the above information, I consent to enroll in the Treatment Access for Skin Cancer referral program, effective as of the date of my signature below.

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Patient signature Date

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Print name

  **RELEASE AND COVENANT NOT TO SUE**

I release, waive and hold harmless iTASC, the Program, the American College of Mohs Surgeons and any of their respective directors, trustees, administrators, contractors, consultants, agents, officers, members, volunteers and employees, other participants and sponsors in connection with my participation in the Program, from any and all liability, causes of action, claims, actions, demands, expenses, attorney fees that I might have now or may acquire in the future, arising out of or related to any loss, damage or injury, including death, that may be sustained by me associated with my referral and connection by the Program with a Mohs surgeon.

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Patient signature Date

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Print name