



Information and Patient Releases

Initial below indication your understanding and release:

_____ In order to collect a complete and detailed sleep study that will enable the physician(s) providing my care to effectively diagnose and treat my sleep condition, I, the undersigned, consent and authorize photographic, video, and/or audio data to be recorded during the testing procedure.

_____ I further authorize the subsequent use of my photographic, video, and/or audio recording to be used for the furtherance of medial science and/or for medical education purposes. I consent to the presentation of all relevant medical information and clinical demonstration concerning my/this case to students of medicine and allied health sciences, to medical professional groups, and to the possible publication thereof in scientific literature. Anonymity will be insured.

_____ Sleepiness causes auto crashes because it impairs your reaction time and attention and ultimately can lead to you falling asleep at the wheel. Although no driver is immune to drowsy driving-related accidents, there are higher risks to some populations. People with untreated sleep apnea, narcolepsy or other sleep disorders are at higher risk for driving-related accidents. Upon completion of a physician directed sleep disorders test performed at **Alaska Sleep Clinic** you have been provided written explanation of the consequences and are hereby advised against driving until such time as you have been evaluated, diagnosed and successfully treated by a physician for any sleep disorder that can impair your ability to safely operate a motor vehicle, and until such time as all symptoms of excessive sleepiness have been successfully resolved.

My signature below confirms I have read and understand the above paragraphs. My initials above indicate my consent to and/or acknowledge the information presented.

Signature: _____

Date: _____

Witness to Signature: _____

Date: _____