



### Consent to Treatment

I consent to the procedures which may be performed during this outpatient visit, including emergency treatment of services, and which may include, but are not limited to, laboratory procedures, diagnostic procedures, blood and /or urine specimens for substance abuse (drug/alcohol) screenings, x-ray examination, medical or nursing treatment or other physician or clinic services rendered to me as ordered by my physician or other healthcare professional.

This consent includes testing for communicable or blood-borne diseases, including, without limitation, Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), and Hepatitis if a physician orders such test(s) for diagnostic and/or treatment purposes.

Agree \_\_\_\_\_ Disagree \_\_\_\_\_ (initials)

### Notice of Privacy Practices

I acknowledge that I have received the medical practice's notice of privacy practices, which describes the ways in which the medical practice may use or disclose my healthcare information for its treatment, payment, healthcare operations and other described and permitted uses and disclosures. I understand that I may contact the medical practice Privacy Officer if I have a question or complaint.

Acknowledge: \_\_\_\_\_ (initials)

I, as the patient, parent, guardian, spouse, guarantor, or agent of the patient, certify that I have read, or have had read to me, and understand this **Consent to Treatment**. I have signed this **Consent to Treatment** knowingly, freely, and voluntarily. I have received no promises, assurances or guarantees from anyone as to the results that may be obtained by any medical treatment or services.

\_\_\_\_\_  
Patient or Patient's Legal Representative\* Signature

\_\_\_\_\_  
Date

Printed Name \_\_\_\_\_

If signed by other than patient, indicate relationship: \_\_\_\_\_

*\*Authorized representative must submit copies of legal document supporting his/her authority to act on the patient's behalf*

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

Witness Printed Name: \_\_\_\_\_