

Patient Name _____

D.O.B. _____

CONSENT FOR MEDICAL TREATMENT

The undersigned, (parent or legal guardian), consents to the administration of reasonable and necessary surgical services in connection with treatment of the named patient at Memphis Health Center (MHC). This consent includes, but is not limited to, laboratory procedures, radiological procedures, medication administration, anesthesia, surgical procedures and/or other service rendered the patient by members of the Medical Staff, their representatives an/or associates and health center employees under the instruction of the physician or dentist. I am aware that the practice of medicine and surgery is not an exact science and I acknowledge that no guarantees have been made to me as to the results of treatments or examination in the Center.

ADVANCE DIRECTIVE ACKNOWLEDGMENT

Do you have an Advance Directive? Yes No

Please read the following four statements. Please place your initials in front of each statement as it applies to you:

1. _____ I have been given written materials about my rights to accept or refuse medical treatment
2. _____ I have been informed about my rights to formulate an Advance Directive
3. _____ I understand that I am not required to have an Advance Directive in order to receive medical treatment at Memphis Health center or its satellite clinics
4. _____ I understand that this health care facility and my caregivers will follow the terms of any Advance Directive that I have executed to the extent permitted by law

Basic life support will be initiated until emergency medical team (EMT) arrives. A copy of the Advance Directive Acknowledgment will accompany the patient to the hospital.

ABOUT OUR NOTICE OF PRIVACY PRACTICES

We are committed to protecting your personal health information in compliance with the law. MHC Notice of Privacy states:

- Our obligations under the law with respect to your personal health information
- How we may use and disclose the health information that we keep about you
- Your rights relating to your personal health information
- Our rights to change our Notice of Privacy Practices
- How to file a complaint if you believe your privacy rights have been violated
- The conditions that apply to uses and disclosures not described in this Notice
- The person to contact for further information about our Privacy Practices

We are required by law to give you a copy of this notice and obtain your written acknowledgement that you have received a copy of the Notice.

USE OF E-MAIL

I understand that MHC and I may exchange information via e-mail per my request

- I do wish to have MHC contact me via e-mail. This may include appointment confirmations.
- I do not wish to have MHC contact me via email.

I, _____, hereby acknowledge that I have received a copy of the Notice of Privacy Practices, I have completed the consent for medical treatment, received information on Advance Directive and have completed and understand the use of email.

- Memphis Health Center uses Social Security Numbers to obtain income information for persons who want benefits
- Memphis Health Center does not report to the U.S. Department of Homeland Security

Patient's Name: _____

Signature of Patient's Representative: _____

Description of Legal Authority to Act on behalf of the Patient: _____

Date: _____

FOR OFFICE USE ONLY

Reviewed by: _____ Date: _____ Initial: _____