

General Consent for Care and Treatment

You have the right, as a patient, to be informed about your condition and the recommended medical, surgical, or diagnostic treatment so that you may make decisions regarding your care knowing the potential risks and hazards.

This consent provides us with your permission to perform reasonable and necessary medical examinations, testing and treatment for any identified or potential condition.

By signing below, you are indicating that:

- (1) You intend that this consent is ongoing even after a specific diagnosis has been made and treatment recommended; and
- (2) You consent to examination and treatment at Nurture Health Clinic.

The consent will remain fully effective until it is revoked in writing. You have the right at any time to discontinue services. You have the right to discuss the treatment plan with your physician or provider about the purpose, potential risks and benefits of any test ordered for you. If you have any concerns regarding any test or treatment recommend by your health care provider, we encourage you to ask questions.

I voluntarily request a physician, and/or mid-level provider (Nurse Practitioner, Physician Assistant) and other health care providers to perform reasonable and necessary medical examination, testing and treatment to evaluate my health and treat conditions to maintain my health. I understand that if invasive procedures are recommended, I will be asked to read and sign additional consent forms prior to the procedure(s).

I certify that I have read and fully understand the above statements and consent fully and voluntarily to its contents.

Signature Patient/Parent/Guardian: _____ Date: _____

Printed Name of Patient _____

Witness _____ Date _____