

Patient Consent Form

Patient's Full Name: _____

I, the undersigned, hereby consent to the following treatment:

- Administration and performance of all treatments
- Administration of any needed anesthetics
- Performance of such procedures as may be deemed necessary or advisable in the treatment of this patient
- Use of prescribed medications
- Performance of diagnostic procedures/tests and cultures
- Performance of other medically accepted laboratory tests that may be considered medically necessary or advisable based on the judgment of the attending physician or their assigned designees

I fully understand that this is given in advance of any specific diagnosis or treatment

I intended this consent to be continuing in nature even after a specific diagnosis has been made and treatment recommended. The consent will remain in full force until revoked in writing.

I understand that HealthONE/Lone Tree Internal Medicine and Pediatrics may include consent at satellite offices under common ownership

I, the undersigned, acknowledge that HealthONE/Lone Tree Internal Medicine and Pediatrics will use and disclose my information of the purposes of treatment, payment and healthcare operations as described in the Notice of Privacy Practices

A photocopy of this consent shall be considered as valid as the original

MEDICARE PATIENTS-I authorize to release medical information about me to the Social Security Administration or its intermediaries for my Medicare claims. I assign the benefits payable for services to HealthONE/Lone Tree Internal Medicine and Pediatrics

I acknowledge that I have been given the HealthONE/Lone Tree Internal Medicine and Pediatrics Notice of Privacy Practices. I understand that if I have questions or complaints that I should contact the Privacy Official

Patient Initial: _____

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

Patient/Guardian Signature

Date

Parent name if minor