HOLY REDEEMER PHYSICIAN AND AMBULATORY SERVICES
GENERAL CONSENT TO TREATMENT

I hereby authorize Holy Redeemer Physician and Ambulatory Services, its physicians, nurse practitioners and staff to provide examinations, and/or evaluations, treatments, etc. as deemed necessary and in accordance with sound medical procedures. I hereby consent to such treatment and procedures with the understanding that treatment and procedures that involve significant risk will not be performed without my prior, specific informed consent.

I understand that as a part of the provision of my healthcare services by Holy Redeemer Physician and Ambulatory Services, health information is collected, compiled, and maintained in my medical record. This information includes a description of my health history, physical examinations, test results, surgical reports, pathology and other laboratory reports, medications, treatment plans, and communications among the healthcare staff.

I understand that this information is used as a source for my treatment and care, for preparation of my bill, for verification by my insurance carrier or third-party payer that services were billed correctly, and for routine healthcare operations of the facility such as conducting planning and auditing functions.

I acknowledge that I have received a copy of Holy Redeemer Physician and Ambulatory Services Notice of Privacy Practices that provides a more complete description of uses and disclosures of my health information and understand that I have the right to review this Notice prior to signing this consent.

I understand that I have the right to revoke this consent in writing except to the extent that Holy Redeemer Physician and Ambulatory Services has already taken action in reliance on the consent.

The undersigned certifies that he/she has read the above and is the patient, parent, guardian or representative authorized to execute the above and accept its terms.

_____   _____
Signature of Patient (or Person authorized to consent for Patient)   Witness

_____   _____
Relationship to Patient of Person   Date

Effective 3.16

3.16