

McLaren Print System Order

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12675 E Washington Reese, MI 48757

Forms

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Company Number: 810

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Item Number: MM-335

Item Description: GENERAL CONSENT FOR TREATMENT

Revision Date: 6/2018

Print:
Paper:
Size:
Fold:
Finish:
Drill:

Misc Info: 4 pages; black and white; 11x17 fold in half

CONSENT AND AUTHORIZATION



1. GENERAL CONSENT TO ADMISSION AND TREATMENT

In the undersigned, hereby voluntarily require, consent to and authorize all medical and hospital care, including physical examination and screening, diagnostic procedures, drug administration, thorappeals to transmission, including drug and alcohol screening, as deemed necessary in the judgment of the attending physicianisis, other medical staff members and health care provides of McLaren Health Care subsidiaries (McLaren). I am aware that the practice of medicine is not an exact colorum, and acknowledge that no guarantees have been made to me with respect to the results of the care and treatment that if have received.

been made to me with respect to the results of the care and treatment that I have received. I hence you authorize Micharen to retain, preserve and use for scientific or tracking purposes, or to dispose at its discretion or convenience, any specimen or tissues taken from my body during my visit. I authorize Micharen to photograph, this anotize record me for the purpose of diagnoses, treatment recommendation and orderitions and identification shift in treatment. I understand that these photographs, tilms, and/or recordings may be retained as a permanent part of the medical record and may be used for case studies and education. I have been informed and understand that most Micharen facilities are teaching institutions and that the medical and surgical procedures performed may require the observation, cooperation and services of multiple health care providers. I authorize such persons to undertake this observation, service and care.

2. CONSENT FOR EXPOSURE TESTING

I understand if an emergency responder, health care professional, or other health facility employee is esposed to my blood or body fluid, that testing including but not limited to HMV, Hopatitis 8 or Hispatitis C may be performed without my consent, as mandated by MGL 333.20191.

3. RELEASE OF INFORMATION FOR INSURANCE

FIGURATION PROFISATION FOR INSURANCE 1 authorize McLanes and its affiliates to release to any third party payer, or its representative, including Medicare, Medicard, Champus, Blue Crisotiflue Dried, commercial health insurers, automobile no fault insurers, explaint disability compensation insurers, employers, health maintenance organizations, preferred provider organizations and managed care plans, which may be responsible for payment in my case, or as required by law, such information from my medical record as is necessary in order to receive reimbursement for any billings rendered relating to my treatment, including allothol and drug abuse records profected under the regulations in 42 CFR, Part 2, if any, and social services records, if any, and social sonices records, if any, and social sonices records including communications by me to a social worker or psychologist.

4. RELEASE OF INFORMATION FOR PUBLIC HEALTH

I authorize MiLaren to release information contained in my medical record, including information about communicable diseases and/or infections, as defined by Michigan statute and Department of Public Releases selfor infection, as defined by Michigan statute and Department of Public Release Longitude Human Immunicationary Vinus 81% infection, Acquired immunications graph statute (MIDS), AIDS Related Complex (MIDS) were self-original to the release and full-originations, and about another statute glaces information protected under the regulations in 42 Code of the Federal Regulations part 2, psychiatrici.

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