

McLaren Print System Order

Order No: 60319 Reprint Previous Order No: 46522

Order Date: 2021-02-16 **User: Dolores Guy** Phone: 586-978-8010

Ship Location: Dolores Guy

35111 Dodge Park

Sterling Heights, MI 48312

Forms Quantity: 500

Paragon Dept No: 72500

Dept Name: Sterling Heights Pediatrics and Family Medicine

Company Number: 810

Order Total Price: 64.00

Item Number: MHCC-335

Item Description: General Consent for Treatment

Revision Date: 2/2021

Print: 1 sided black and white

Paper: 20# White Text

Size: 8.5 x 11 Fold:

Finish: None **Drill: None**

Misc Info: 4 pages; black and white;

CONSENT AND AUTHORIZATION



1. GENERAL CONSENT TO ADMISSION AND TREATMENT

In the undersigned, hereby evaluation resources, consent to and authorize all medical and hospital care, including physical examination and screening, diagnostic procedures, drug administration, therapeutic treatments, including drug and alcohol screening, as demod necessary in the judgment of the alterning physicalnys, other medical staff, members and health care provides of McLaren Health Care subsidiaries ("McLaren"). I am aware that the practice of resolution is not an exact science and authorized that no guarantees have been made to me with respect to the results of the care and treatment that I have received.

made to the learn respect to the receivable of the care and treatment that I have second.

I hearely authorize McLizers to retain, presence and use for scientific or traching purposes, or to dispose at its discretion or convenience, any specimen or tissues taken from my body during my vals. I authorize McLizers to principage, the analytic record me for the purpose of diagnosis, treatment recommendation and/or discrementation and identification while in treatment. I understand that these photographs, tilms, another recordings may be retained as a permanent part of the medical record and may be used for case studies and education. I have teen informed and understand that ment facilities are tearing institutions and Brait the medical and surgical procedures performed may require the observation, cooperation and services of multiple health care providers. I authorize such persons to understake 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 exposed to my blood or body fluid, that testing including but not limited to HM, Hepatitis B or Hepatitis C may be performed without my consent, as mandated by MGL 333.20191.

3. RELEASE OF INFORMATION FOR INSURANCE

TREALAND, OF INFORMATION FOR INSURANCE.

I sufficies the Milliames to release to any third party payer, or its representative, including Medicare, Medicaid, Champus, Blue Cress/Blue Shiest, commercial health insurens, sudomoble no fluid insurens, workers disability compensation resurens, employers, health maintenance organizations, preferred provider organizations and managed care plans, which may be responsible for payment in my case, or as nequined by law, such information florism my medical except accord as in excessary in order to inconversement-unerment for any billings rendered relating to my bestment, including attained and drug abuse recomb protected under the regulations in 42 CFIR. Part 2, if any, and social services records, if any, and psychological service records including communications by me to a social worker or psychological service records including communications by me to a social worker or psychological service.

4. RELEASE OF INFORMATION FOR PUBLIC HEALTH

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