McLaren Business Products

McLaren Print System Order

Order No: 43363
Order Date: 2019-03-05
User: Sue Siavoshnia
Phone: 810-342-2337

Ship Location: Mclaren -Flint -1 South Lab ATTN: SUE SIAVOSHNIA
401 S Ballanger Hwy
Flint, mi 48532
Forms
Quantity: 2500
Paragon Dept No: 34010
Dept Name: Laboratory
Company Number: 60

Order Total Price: 220.50

Item Number: 17439
Item Description: McLAREN FLT-GENERAL CONSENT FOR TREATMENT
Revision Date: 5/2016
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Misc Info: 3 pages; black and white

Spec Info:

McLaren
FLINT

CONSENT AND AUTHORIZATION

1. GENERAL CONSENT TO ADMISSION AND TREATMENT

I, the undersigned, hereby voluntarily request, 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 deemed necessary in the judgment of the attending physician(s), other medical staff members and health care providers of McLaren Health Care subsidiaries ("McLaren"). I am aware that the practice of medicine is not an exact science, and acknowledge that no guarantees have been made to me with respect to the results of the care and treatment that I have received.

I hereby authorize McLaren to retain, preserve and use for scientific or teaching purposes, or to dispose at its discretion or convenience, any specimen or tissues taken from my body during my visit. I authorize McLaren to photograph, film and/or record me for the purpose of diagnosis, treatment recommendation and/or documentation and identification while in treatment. I understand that these photographs, films, 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 McLaren 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 exposed to my blood or body fluid, that testing including but not limited to HIV, Hepatitis B or Hepatitis C may be performed without my consent, as mandated by MCL 333.20191.

3. RELEASE OF INFORMATION FOR INSURANCE

I authorize McLaren and its affiliates to release to any third party payer, or its representative, including Medicare, Medicaid, Champus, Blue Cross/Blue Shield, commercial health insurers, automobile no-fault insurers, workers' 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 alcohol and drug abuse records protected under the regulations in 42 CFR, Part 2, if any, and social services records, if any, and psychological service records including communications by me to a social worker or psychologist.

4. RELEASE OF INFORMATION FOR PUBLIC HEALTH

I authorize McLaren 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 Health rules, which include Human Immunodeficiency Virus (HIV) infection, Acquired [illegible]ency Syndrome (AIDS), AIDS Related Complex (ARC), venereal disease and [illegible] and alcohol and/or drug abuse information protected under the regulations in 42 Code of the Federal Regulations part 2, psychiatric/ psychological records, and social work records,

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CONSENT AND AUTHORIZATION