

McLaren Print System Order

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Ship Location: MMG-St. Clair Family Practice - Attn: Tonya 1163 St. Carney Drive St. Clair, MI 48079

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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

McLaren MEDICAL GROUP

1. GENERAL CONSENT TO ADMISSION AND TREATMENT

Unterstand, Vortestani (10 Australia) request, consert to and authorize all medical and height care, industring physical examination and somering, diagnostic procedures, drug administration, therapeutic treatments, including drug and alcohol somering, as deemed health care provides of McLaren Health Care subscituries (NcLaren'). I am aware that the practice of medicine is not an exact solence, and admonstrating their guarantees have been made to me with respect to the results of the care and inselment that I have received.

been made to me with respect to the results of the care and treatment that it have received. I hereby authorize McLaren to retain, preserve and use for scientific or treaching purposes, or to dispose all disclosed on convenience, any specimen or fiscure taken from my body during my visit. I authorize MLLaren to ghotograph, film and/or recordings may be retained as a permanent. I understand that these photographs, films, and/or recordings may be retained as a permanent part of the medical acoust and surgical procedures performed may require the destructions and that the redical acoust and surgical procedures performed may require the destructions and that the reviewal 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 HW, Hopatitis 8 or Hepatitis G may be performed without my consent, as mandated by MCL 332,20191.

3. RELEASE OF INFORMATION FOR INSURANCE

RELEASE OF INFORMATION FOR INSURANCE. I authorize McLaren and its affiliates to release to any third party payer, or its representative, including Medicain, Medicaid, Champus, Bue Crosselbar Shield, commercial health insurers, automobile no-fault insurers, workers' disability compensation insurers, engliques, health maintenance organizations, pretender powierlend provider and managed care plane, which may be responsible for payment in my case, or as required by law, such information how my medicail encod as is necessary in order to monitor reinforusement for any billings rendered relating to my treatment, including allochid and drug abuse records protected under the regulations in 42 CFR, Part 2, if any, and social services records, if any, and psychological services records including communications by me to a social worker or psychologist.

4. RELEASE OF INFORMATION FOR PUBLIC HEALTH

Institution of the measure information contained in my medical record, including information about communicable diseases and/or infections, as defined by Michigan statule and Department of Public Health Tuske, which include Human Immunode/Ecency Vinu (HVD) infection, Acquired Immunode/Ecency Syndrome (ADD), ADD Related Complex (ARC), wennered disease and taberousies, and allowed and/or dup about infection protocold under the regulations in 42 Code of the Federal Regulations part 2, psychiatric

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