

McLaren Print System Order

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Ship Location: Mclaren Oakland Waterford Medical Associates

5210 Highland Rd Suite 201

Waterford, MI 48327

Forms

Quantity: 500

Paragon Dept No: 73000

Dept Name: Waterford Medical Associates

Company Number: 810

Order Total Price: 57.50

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, thorappeoutic treatments, including drug and alcohol screening, as deemed necessary in the judgment of the attending physicians; 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 observa, 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 will not be a supported that it have received. I hence you will not dispose at its discordion or convenience, any specimen or tessues taken from my body during my visit. I authorize Mill, aren to photograph, this anotize record me for the purpose of diagnosis, resember recommendation and red documentation and identification while intreatment. I undenstand that these photographs. Bins, 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 undenstand that most Mill, aren facilities are teaching institutions and that the medical and surgical procedures performed may require the observation, cooperation and services of multiplie 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

I authorize McLanen and its affiliates to release to any third party payer, or its representative, including Medicare. Medicard. Champus. Blue Crisotiflue Dried, commercial health resurres, automobile no fault insurers, workers' disability compensation insurers, employers, health meriterance 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 reinforcement for any billings rendered relating to my treatment, including allothol 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 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 settler include Human Immunode/corpcy Vinus 81% infection. Acquired immunode/corpcy Vinus 81% infection. Acquired immunode/corpcy Syndrome (AIDS), AIDS Related Complex (ARC), venerated disease and full-terministics, and about another angle deue information protected under the regulations in 42 Code of the Federal Regulations part 2, psychiatrici.

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