



Rev. 4/10/2010

THE GREATER HUDSON VALLEY Family Health Center, Inc.

147 Lake Street, Newburgh, 12550

(845) 563-8000 Fax: (845) 565-1364



General Consent for Treatment

MR # _____

Patients Name: _____ Date of Birth ____/____/____

1. I am requesting medical care and treatment at this facility and agree to accept services which may diagnose a medical condition, provide a procedure to treat my condition and/or provide routine dental and medical care. I understand that these services will be provided to me by physicians, dentists, nurse practitioners, midwives, physicians' assistants and/or other health care providers some of whom may be in training. I have not been given any guarantees as to the results of the services I will receive.
2. I understand that my agreement to accept these services will remain in effect unless I say that I no longer want these services or until my treatment is completed.
3. I understand that my agreement to accept these services is call a General Consent and that it includes routine procedure(s) or treatments(s) such as blood drawing, physical examination, administration of medication(s), taking x-rays, use of local anesthesia and/or other non-invasive procedures.

Patients Signature

Date

Signature of Parent/ Patient's Legal Guardian (if applicable)

Date

If the patient cannot consent for him/herself, the signature of either the health care agent or legal guardian who is acting on behalf of the patient, or the patient's Next of Kin who is assenting to the treatment for the patient must be obtained.

Signature of Health Care Agent / Court Appointed Guardian

Date

[] Place copy of the authorizing document in the medical record.

Signature and relation of Next of Kin

Date

Witness:

I, _____ am a facility employee who is not the patients' health care provider and I have witnessed the patient or other appropriate person voluntarily signing this form.

Signature of Witness

Interpreter/Translator: (to be signed by the interpreter/translator (if the patient required such assistance).

To the best of my knowledge the patient understood what was interpreted/translated and voluntarily signed this form.

Signature of Translator