

Consent for Treatment

Consent for Medical Care

I consent to receive medical care at Essentia Health. My medical care may include routine tests and treatment that my doctors or my care team believe I need. I understand that my medical care and treatment may be given by doctors, nurse practitioners, physician assistants, nurses, students, and other health care professionals. I understand that Essentia Health cannot promise specific results. I understand that medical photographs and/or videos may be made of me as part of my care or treatment and that these may be used in my medical record and/or for medical teaching.

By signing below, I state that I have read, understand, and agree to this Consent for Treatment. I understand that I have the right to revoke/take back my consent at any time except where Essentia Health has already acted on my consent. I understand I must notify Essentia Health in writing if I want to take back my consent.

- If the patient is 18 years of age or older, the patient must sign and date the form.
- If the patient is 18 years of age or older and is unable to sign, a legally authorized person must sign and date the form. State your legal authority and give legal documentation if not already on file:

 Legal Guardian or Conservator
 Health Care Agent (Health Care Power of Attorney)
 Other Legal Representative _________

 Note: If none of these apply and this is a medical emergency, the signer has the following relationship with the patient _______
- If the patient is 17 years or younger, the patient's parent or legal guardian must sign and date this form, unless an exception exists under state or federal law. State your relationship:

□ Parent □ Legal Guardian (Give legal documentation if not already on file)

Signature	Date Signed	Time
Printed Name of the Person Signing (If not Patient)		

Witness (signature by mark must be witnessed)

FOR ESSENTIA USE ONLY:

Patient encounter is for (check one):

[] Ambulatory care – This consent is valid for one year.

[] Series care - This consent is valid until the end of the series.

[] Inpatient or Emergency care – This consent is valid for the patient's inpatient or ED stay.

Note: Telehealth services are covered on the GCA

Patient Name and Medical Record Number Or Patient Label