RIO GRANDE MEDICINE

PATIENT CONSENT TO TREATMENT

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The following matters are of special concern to patients and their families. Be sure you understand these matters before signing below. If signed by other than the patient, the undersigned certifies to be lawfully entitled to execute this form for and on behalf of the patient as the patients act and deed.

MEDICAL AND SURGICAL CONSENT: The patient, under the medical care of the above physician or hi/her designee, recognizes the physicians designees are not liable for any act of omission in following the instructions of said physician. The undersigned consents to physician examination, laboratory procedures, diagnostic procedures, administration of drugs, intravenous feedings, injections, anesthesia, medical and surgical treatment and other services necessary or beneficial to the patient.

NURSE PRACTITIONER AND PHYSICIAN ASSISTANT: I understand that my care may be provided by a Family/Adult Nurse Practitioner or a Physician Assistant under the direction of a physician. Arrangements will be made for referral to a physician if medically necessary or at my request.

TESTING FOR HIV / AIDS AND OTHER INFECTIONS DISEASES: Texas Law authorizes physicians to require a patient to be tested for possible exposure to the Human Immunodeficiency Virus (associated with AIDS) and or to other infectious diseases in the following situations: 1) when the donation of blood, blood products, organs or tissues is contemplated 2) when a healthcare worker is accidentally exposed to patient's blood or body fluids such as through a needle stick, or 3) when a medical or surgical procedure is to be performed which could expose health care workers to the patents blood or body fluids. The procedure is to inform the patient that he / she may be tested without further disclosure if any of the situations occur during the patient's visit to RIO GRANDE MEDICINE.

MEDICAL STUDENTS: It is my understanding that clinic doctors promote their mission of education by having affiliations with several educational institutions. This includes but is not limited to nursing students, interns and residents. The intent of this association is to allow students the opportunity to gain clinical experience.

AGREEMENT: I, the authorized undersigned, hereby give the doctors, nurse practitioners, physician assistants, nurses and other personnel authority to proceed with diagnosis and treatment. In consideration of the services to be provided, I hereby release and agree to hold said doctors, nurse practitioners physician assistants, nurses and other personnel harmless from any and all consequences of treatment and diagnosis provided. I acknowledge that no guarantee has been made as to the effect of such examination, treatment, or diagnosis of my condition.

AGE OF CONSENT: Where minors are involved, the following prevails:

The consent of a parent or legal guardian is required if the patients is unmarried and has not yet attained is or her 18th birthday.

The consent of a parent or legal guardian is not required if a patient under 18 years of age has contracted a valid marriage, regardless of subsequent divorce or annulment.

Parental or spousal consent is not required for the treatment of sexually transmitted diseases of for family planning services.

CIRCUMSTANCES OF CONSENT: The undersigned certifies to understand and agree to the foregoing, and certifies to being the Patient or his / her representative duly authorized to execute the above and accepts its terms personally and or upon the patient's behalf.

_____ _____ _____

Signature of Patient / authorized representative Relationship to patient Date

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