

## CONSENT TO TREATMENT

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

The physician(s) is(are): \_\_\_\_\_

The procedure(s) is(are) \_\_\_\_\_

I request and authorize medical or surgical treatment as may be deemed necessary and appropriate by the physician, and his/her designees participating in my care. This care may include diagnostic, radiology and laboratory procedures, blood transfusions, anesthesia, therapeutic procedures, drugs, nursing and hospital care. I understand I will sign an informed consent if surgery or surgical procedures is recommended.

My signature below indicates my acknowledgement that (1) I have read and agree to all of the above; (2) the proposed treatment or procedure(s) and any anesthesia have been satisfactorily explained to me and that I have all of the information which I desire about them; (3) I have been given the opportunity to ask any questions that I might have concerning the treatment or procedures, risks and alternative procedures; and (4) give my authorization and consent.

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient's Representative's Signature/Relationship

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness' Signature

\_\_\_\_\_  
Date

**HIV TESTING.** It has been explained to me that HIV testing is recommended to all patients between the ages of 13-64. I understand that HIV testing is voluntary. I acknowledge that I have been given an explanation of the test, including its uses, benefits, limitations and the meaning of test results. I acknowledge that I have been given a copy of the booklet Important Health Information. I have been given the opportunity to ask any questions about HIV testing and I acknowledge that my questions have been answered to my satisfaction. By my signature below:

I consent to be tested for HIV

I do not want to be tested for HIV at this time

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient's Representative's Signature/Relationship

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness' Signature

\_\_\_\_\_  
Date