SQUARE MEDICAL CENTER

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GENERAL CONSENT TO TREATMENT

CONSENT FOR MEDICAL CARE

I voluntarily consent to receive medical care from Square Medical Center and its licensed health care providers.

I authorize the provider to perform medical evaluations and examinations and to provide diagnostic, preventive, and therapeutic services that are considered medically appropriate and within the provider's scope of practice.

I understand that my care may include, when clinically appropriate: medical history and physical assessment; preventive and primary care services; diagnosis and treatment of acute and chronic medical conditions; laboratory tests, imaging, and other diagnostic studies; prescribing and managing medications; referrals; care coordination; follow-up services; and routine medical procedures appropriate to the services provided by Square Medical Center.

INFORMED DECISION-MAKING

I understand that health care involves benefits, risks, alternatives, and limitations. I have the right to ask questions about my diagnosis, recommended treatment, medications, testing, referrals, and available alternatives.

I understand that I may accept or refuse a recommended treatment, except as otherwise provided by law, and that refusing or discontinuing recommended care may have medical consequences.

When a procedure, medication, or treatment requires additional informed consent, a separate consent may be obtained before that service is provided.

PATIENT RESPONSIBILITIES

I agree to provide complete and accurate information regarding my medical history, current medications, allergies, symptoms, prior treatments, and other information relevant to my care. I understand that I am responsible for following treatment recommendations, completing requested testing and referrals, and informing my provider of significant changes in my health.

NO GUARANTEE OF RESULTS

I understand that the practice of medicine cannot guarantee a particular outcome. No guarantee or promise has been made regarding the results of any examination, treatment, medication, procedure, or other medical service.

EMERGENCY CARE

I understand that Square Medical Center is not an emergency medical service. If I experience a medical or psychiatric emergency, severe or life-threatening symptoms, or an immediate risk of harm, I should call 911 or go to the nearest emergency department.

ACKNOWLEDGMENT AND CONSENT

I have read and understand this General Consent to Treatment. I have had the opportunity to ask questions and voluntarily consent to receive medical care from Square Medical Center.

_____	_____	_____
Patient Full Name	Patient Signature	Date

SQUARE MEDICAL CENTER
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