

GENERAL CONSENT

Patient Name: _____

1. *Consent.* I authorize and consent to examination and treatment of the person named above as a patient at Main Line Ear, Nose & Throat. I understand that staff members, trainees, residents, and supervised health care profession students may participate in patient care under supervision of the physician.
2. *Information and questions:* I understand that no assurances can be made concerning the results or outcome of any examination or treatment. I recognize that no explanation or treatment can be exhaustive, and that there may be other risks and complications. I have had an opportunity to ask questions, and questions have been answered to my satisfaction. I may request more detailed information or explanations at any time.
3. *Refusal:* I understand that I may refuse or revoke consent to any recommended examination, procedure or treatment at any time, to the extent permitted by law. It is my responsibility to clearly communicate refusal of consent to the physician, or to other personnel responsible for patient care.
4. *Specimens.* Any body fluids, organs or other body parts or tissues removed during the course of examination or treatment may be disposed of, retained, or used for any lawful purpose by Main Line Ear, Nose & Throat.
5. *Release of information:* I authorize Main Line Ear, Nose & Throat and its staff to release medical and financial information concerning the patient's examination and treatment that may be reasonably necessary in order to obtain payment for services rendered, or to review or evaluate patient care.
6. *Release for valuables:* I release Main Line Ear, Nose & Throat from any responsibility for patient valuables, money, or other personal property or possessions. I also release Main Line Ear, Nose & Throat from any responsibility for loss or damage to any article, including jewelry, which must be removed to carry out any procedure, and for any article not claimed from safekeeping by or for the patient within sixty days after discharge or departure from Main Line Ear, Nose & Throat premises.
7. *Acknowledgement:* I have read this Consent, or it has been read to me, and I understand what it means. I certify that: (check one)
 I am the patient, and I am either 18 yrs of age or older, or married, or the parent of a child.
 I am the minor patient's parent or legal guardian.
 I am the incapacitated adult patient's legal guardian or Health Care Agent (a copy of the Health Care Proxy must be provided).
My basis for consenting on the patient's behalf is: _____
8. *Notice of Privacy Practices:* I have received, read, and understand a copy of the Notice of Privacy Practices as defined under federal law (Health Information Privacy and Accountability Act, HIPAA) describing how Main Line Ear, Nose & Throat may protect and use my health information.

Patient or Authorized Representative:

Witness:

Signature

Signature

Print name

Print name

Relationship to patient: _____

Date: _____