

Patient Consent

Request for Care and Consent for Treatment

The undersigned consents to the medical care and treatment, as may be deemed necessary or advisable in the judgment of my physician or other provider, which may include but are not limited to laboratory procedures, X-ray examination, medical or surgical treatment or procedures, anesthesia or other services rendered to the patient under the general and special instructions of the patient's physician. BayCare Medical Group has the right to refuse to treat you if you refuse to sign this consent or if, at any time, you choose to revoke this consent.

Assignment of Insurance Benefits

I authorize payment directly to BayCare Medical Group of any insurance benefits otherwise payable to me for services, at a rate not to exceed BayCare Medical Group regular charges for such services.

Authorization to Release Information

I authorize the release of medical records and related information from BayCare Medical Group to authorized representatives of my third party payor or physician related to my care. I authorize review of records for any necessary agency audit and the release of the physician plan of care and discharge summary from my medical record upon my transfer to or from another health care facility.

Permission for Treatment

Permission is hereby granted for physicians, employees or agents of the Practice to render the patient named below such medical and surgical treatment as is deemed necessary.

The undersigned certifies that he/she has read the forgoing, received a copy thereof and is the patient or is duly authorized by the patient as patient's general agent to execute the above and accepts its terms.

Patient (print name): _____

Signature of patient or authorized person: _____

Relationship: _____ Date: _____

Witness signature: _____ Date: _____

If the patient did not sign, please state reason: _____