



## **CONDITIONS OF ADMISSION AND CONSENT FOR TREATMENT**

### **AUTHORIZATION FOR TREATMENT**

I hereby voluntarily consent to the rendering of care and treatment by the staff at Versatile Health, including the nursing staff and medical staff. I specifically consent to receiving care and treatment from physician assistants and advanced practice nurses, as well as from physicians. I grant authority to minister and to perform all singular any examinations, diagnostic and therapeutic treatments, and medical surgical procedures which may now or during the course of my care be deemed advisable or necessary. I consent to be photographed or videotaped while receiving treatment for purposes of my diagnosis treatment.

### **CONSENT FOR EMERGENCY TREATMENT**

In the event that I am suffering from an emergency medical condition, I know this condition entitles me to an appropriate medical screening and treatment necessary to stabilize an emergency medical condition, regardless of my ability to pay. I therefore authorize the Clinic to provide an appropriate screening evaluation treatment, to be performed by or under the supervision of a Provider. It has been explained to me that the diagnostic and treatment procedures which my emergency medical condition legally entitles me, is limited and will include a medical screening examination. It may be necessary for me to select another Physician and obtain from him/her a complete diagnosis of my condition and such continued treatment as he/she prescribes.

### **CONSENT TO DISCLOSE PATIENT INFORMATION**

To whom do you wish to have access to your private medical information?

**NAME/RELATIONSHIP**

**PHONE NUMBER**

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