LGL0293

____ A. CONSENT TO TREATMENT: I, ______________________________ hereby authorize my healthcare provider and whomever he/she may designate as his/her assistant or consultant to render medical treatment to me. I consent to any outpatient clinical care or inpatient hospital care which encompasses laboratory, diagnostic or medical treatment which my healthcare provider or his/her assistant or consultant may deem necessary during the course of my medical care.

____ B. RELEASE OF INFORMATION: I hereby authorize West Jefferson Medical Center to provide my medical record compiled during this admission for review and/or copy as requested by the insurance company or a designated agent, or liable third parties (to include Medicare and Medicaid) whose benefits have been assigned for purposes of utilization review for admission and/or continued stay, for benefit payment and for physician billing. I further authorize my treating healthcare provider to direct copies of my medical records to other physicians, hospitals, and other health care facilities as they deem necessary for continuity of care.

_____ C. EXTERNAL PRESCRIPTION HISTORY: I hereby authorize West Jefferson Medical Center to access, view and record in my medical record my external prescription history which my healthcare provider or his/her assistant may deem necessary for continuity of care.

ACKNOWLEDGEMENT FOR THE RECEIPT OF DOCUMENTS: I hereby acknowledge the receipt of the documents indicated with an "X" below
______ Patient Rights ______ Privacy Notice

The undersigned certifies that he has read all of this document and is the patient, or is duly authorized by the patient as the patient's general agent to execute the above agreements and accepts and understands its terms.

I CERTIFY THAT I HAVE READ (OR HAD READ TO ME) AND FULLY UNDERSTAND THE ABOVE.

Signature of Patient ____Date ____________

Reason patient is unable to sign ____

Witness ____Date _____________

CONDITIONS OF TREATMENT AND/OR SERVICES