

Goodall-Witcher Clinic System
 Consent for Treatment

I, the undersigned, hereby make the following acknowledgements regarding treatment of his/her health related needs:

Consent for Treatment

I, the undersigned, as the patient or on behalf of the patient, do hereby consent to and authorize all diagnostic and therapeutic treatments considered necessary or advisable in the judgment of the Physicians, Family Nurse Practitioners, or Physician Assistants on duty. I understand that a nurse Practitioner and Physician Assistant are NOT Physicians but can diagnose, treat, and monitor acute and chronic diseases as well as provide health maintenance care under physician supervision.

Guarantee of Results

I understand that no guarantee of assurance has been made as to the results which may be obtained.

Authorization for Release of Physician, Nurse Practitioner, Physician Assistant Responsibility

If I should leave before completing medical procedures, examinations, or treatment, I hereby release the Physician, Nurse Practitioner, Physician Assistant, and Goodall-Witcher Clinics from all responsibility for any adverse result.

Release of Medical Records/Information

I authorize Goodall-Witcher Clinic System to release any information (including diagnostic and financial information) to the Centers for Medicare and Medicaid Services and its intermediaries, my insurance company or companies and their agents, and Worker’s Compensation carrier or employer, and other third party payers, as may be requested or necessary for the completion of a claim or related claim relative to my treatment. I authorize Goodall-Witcher Clinic System to disclose medical information that may be deemed necessary to any facility to which I am transferred or referred.

The undersigned certifies that he/she has read the above, is over 18 years of age or has legal authority to execute a contract, and is the patient or is duly authorized by or on behalf of the patient to execute the above, and accepts the terms.

Signature of Patient or Authorized Representative	Relationship to Patient	Date