



Consent to Evaluation, Diagnosis and Treatment

Consent to Treatment: I understand that an independently contracted physician at my request will order all test and treatment at First Choice Emergency Room. I understand that medicine and surgery are not an exact science and that there is no guarantee that the outcome of my treatment will be what I want I want it to be. Knowing this, and agreeing to this, I request to be a patient at First Choice Emergency Room. I consent to all necessary testing and treatment while I am a patient at First Choice Emergency Room. I authorize First Choice Emergency Room to retain and dispose of any specimen or tissue taken from the below named patient.

Relationship of First Choice Emergency Room to Physicians: I understand that each patient is under the care of a physician contracted by First Choice Emergency Room. I understand that these physicians are not agents or employees of First Choice Emergency Room and are not authorized to make representations on behalf of First Choice Emergency Room. Specifically, I understand that all physicians seeing patients at First Choice Emergency Room are independent contractors and are not agents or employees of First Choice Emergency Room.

Release of Information: I authorize First Choice Emergency Room to release information acquired in the course of any examination or treatment to physicians and to billing services, insurance companies, or their agents for reimbursement purposes, other institutions or organizations performing special tests or providing special equipment, supplies or transportation and to local, state, or federal agencies in accordance with applicable law and to other health care facilities.

Accidental Exposure of Healthcare Workers: I understand that Texas law provides and I agree, that if any healthcare worker is exposed to my blood or other bodily fluids to allow First Choice Emergency Room to perform tests on my blood or other bodily fluids to determine the presence of any communicable diseases, including but not limited to, hepatitis, human immunodeficiency virus (AIDS), and syphilis. I understand that such testing is necessary to protect those will be caring for me while I am a patient at First Choice Emergency Room. I understand that the results of test taken under these circumstances do not become part of my medical record.

Safety: I understand that for reasons of health and safety, there is no smoking in this medical facility. I further understand that children under my care should be continuously monitored and supervised at all times while in the facility.

I have read and fully understand the above information.

Patient/Authorized Person

Date

Witness

Date