Clinton
REGIONAL HOSPITAL
Primary Care
Dr. Nadia Azuero

CONSENT FOR TREATMENT

Patient Name:_____ DOB: _____

I voluntarily consent to receive medical and healthcare services provided by Clinton Regional Hospital, physicians, employees and other healthcare practitioners. I understand such services may include diagnostic procedures, examinations, laboratory and imaging tests, and treatments that with the judgement and shared decision making, of my physician are considered necessary for my care. I understand that the practice of medicine and surgery is not an exact science and acknowledge that no guarantees have been made to me about the results of any examinations and/or treatments. Risks and benefits of examinations and treatments were discussed and explained to me with my physician. I consent to photographs, videotaping, digital or audio recordings, and/or images of me being recorded for security purposes and/or the healthcare facility's operations and management of my care. I understand that the facility retains the ownership rights to the photographs, videotaping, digital or audio recordings, and/or images of me. I will be allowed to request access to or copies of the photographs, videotaping, digital or audio recordings, and/or images of me, when technologically feasible, unless otherwise prohibited by law.

TELEMEDICINE SERVICES

I understand that my practitioner may offer telehealth (remote video/audio) consultations when appropriate. If I participate in a telehealth visit, I understand:

- The limitations of a remote examination.
- There are potential technical issues that may affect a telehealth visit.
- My healthcare information may be shared with other individuals for scheduling and billing purposes.
- My insurance may/may not cover telehealth services.
- I have the right to withhold or withdraw my consent to telehealth services at any time.

TEACHING FACILITY

I understand that Clinton Regional Hospital may be a teaching facility and may have students, residents, or fellows participating in my care under the supervision of a licensed healthcare practitioner. I consent to their participation in my care.