



**NURSING HEALTH & WELLNESS CLINIC
GENERAL CONSENT TO TREAT**

General Consent: I consent to receive treatment from the Nursing Health & Wellness Clinic at West Texas A&M University (Clinic). This treatment may include examinations, laboratory tests, and/or vaccinations provided by the Advanced Practice Registered Nurses (APRNs) or other providers and staff of the Clinic. This consent is continuing in nature during the entire course of my care unless I specifically revoke it.

Control over Treatment: I understand that I have the right to make decisions about my care and that my providers and I will discuss and agree upon my care.

Financial Responsibility: I understand and agree that if my insurer denies all or any part of the Clinic's charges for any reason, or if I have no insurance, I will be personally and fully responsible for payment of the Clinic's charges for services rendered to me.

Release of Information: I understand that my APRN and/or other providers and staff of the Clinic will create and maintain a record of the care and services provided to me. Such information may be used and/or disclosed in the management and delivery of my care and services provided by the Clinic as more fully described in the Clinic's Notice of Privacy Practices.

State Reporting Requirements: I understand that the Clinic is required by law to report (a) certain infectious diseases to the state or local health department or the Centers for Disease Control and Prevention and (b) certain disclosures about abuse or neglect.

Notice of Privacy Practices: I acknowledge that I have received a copy of the Notice of Privacy Practices as part of this visit or during a previous visit. I understand that a copy of the Notice of Privacy Practices is available to me at any time upon request.

I have read this consent and understand its contents. I hereby consent to treatment from the Clinic under the terms and conditions herein.

Signature of Patient or Legal Guardian

Date

Printed Name of Patient or Legal Guardian

Revised 12/17/2020

Patient sticker