



2410 E. Avalon Avenue, Muscle Shoals, AL 35661  
256-386-0808

## Consent for Medical Treatment

**General Consent to Care:** I, the undersigned (for myself, a minor child, or another person for whom I have authority to sign), hereby consent to medical care and treatment, as ordered by a provider, while such medical care and treatment is provided through Avalon Medical Group on an outpatient/office visit basis. This consent includes my consent for all medical services rendered under the general or specific instructions of a provider; including treatment by a mid-level provider (Nurse Practitioner or Physician Assistant), and other health care providers or the designees under the direction of a physician, as deemed reasonable and necessary. I agree and acknowledge that Avalon Medical Group is not liable for the actions or omissions of, or the instructions given by the physicians/providers who treat me while I am a patient. I am aware that the practice of medicine is not an exact science and I acknowledge that no guarantees have been made to me as to the result of treatments or examinations at Avalon Medical Group facilities.

**Telemedicine:** I understand that telemedicine (defined as the use of medical information exchanged from one site to another via electronic communications for the health of the patient, including consultative, diagnostic, and treatment services) may be employed to facilitate my medical care. All electronic transmission of data will be restricted to authorized recipients in compliance with the Federal Health Insurance Portability and Accountability Act (HIPAA) and all other applicable federal and state privacy laws.

**To the Patient:** You have the right to discuss your treatment with your physician including, but not limited to: the purpose, potential risks, and benefits of any test ordered for you. If you have any concerns regarding any test or treatment recommend by your health care provider, we encourage you to ask questions.

By signing below, you are indicating that you intend that this consent is continuing in nature even after a specific diagnosis has been made and treatment recommended, and you consent to treatment at this office or any other satellite office under common ownership. The consent will remain fully effective until it is revoked in writing. You have the right at any time to discontinue services.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_