



HealthWorks

www.healthworkscs.com

Consent to Medical/Surgical Procedures

The undersigned consents to the services relating to care that will be performed on an outpatient basis. These services may include medical treatment and procedures rendered to the patient under the supervision of the patient's provider. The patient will have each procedure or treatment explained in a manner they can understand including the consequences of not having recommended treatments or procedures. The patient reserves the right to decline services after receiving this information regarding a recommended treatment or procedure.

Release of Information

Healthworks of the Central Coast is obtaining the patient's permission to release information to facilities or providers involved in the care or services rendered of the patient as a result of the referral.

Healthworks of the Central Coast may be required by law to have records and data reviewed by the state for auditing. None of the information will be made available to the public in any manner. The identity of the patient will remain confidential.

A special release form is required to be signed by the patient to release any information pertaining to the treatment of drug and/or alcohol abuse as well as any information pertaining to HIV test results.

I have read and understand the above policy.

Signature _____ Date _____

Staff _____ Date _____