

AUM STUDENT HEALTH SERVICES

CONSENT FOR SERVICES FORM

Patient Name: Richard G. Bailey

Date of Birth: 110202
Day Month Year

General Consent for Treatment

I request and authorize health care services by my provider and his/her designees(s) as my provider may deem advisable and in my best interest. This may include routine diagnostic, laboratory procedures, and administration.

I understand that excluding emergency or extraordinary circumstances, no substantial procedure will be performed without providing me an opportunity to give me informed consent for that procedure. Informed consent means that the medical provider must disclose information to me including benefits and risks of a particular procedure and/or treatment.

Payment

I am responsible for all bills incurred at the Student Health Center. Payment is due at the time that services are rendered unless prior arrangements have been made.

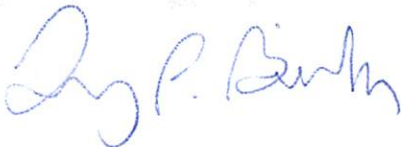
I have read the consent form, or it has been read to me, and I am satisfied that I understand its contents. My questions have been answered to my satisfaction.

[SIGN HERE]

Signature of Patient

Timothy P. Bailey

Signature of Legal Representative (if patient is unable to sign)



07/29/2020

07292020
Day Month Year

Date of Signature

Father

Relationship to Patient