CENTRAL GEORGIA
HEART & VEIN CENTER

CONSENT TO MEDICAL TREATMENT

In consideration of medical services to be rendered to me (herein referred as a patient) at Central Georgia Heart and Vein Center (herein referred to as CGHVC), Patient does hereby consent as follows:

1. **Consent and treatment authorization**

Patient (or the undersigned acting on behalf of patient), who is requiring medical treatment, does hereby consent to the rendering of such care and treatment, which may include diagnostic procedures and such medical treatment and care as the Attending Physician or other physicians of CGHVC medical staff consider to be necessary and appropriate.

The consent to receive medical treatment includes, but is not limited to, examinations, diagnostic and therapeutic procedures, medications, infusions, and any other medical treatment services which a patient may require.

In the event the CGHVC should decide that blood specimens should be provided by the patient for testing purposes and in the interest of the safety of those with whom patient may come in contact, patient does hereby consent to such blood withdrawal and for the testing thereof, as well as the release of test information where this is deemed medically appropriate or required by law.

2. **Disclaimer of Guarantee**

Patient hereby acknowledges the practice of medicine is not an exact science and that diagnosis and treatment may involve risks and injury and adverse results. Patient hereby acknowledges that no guarantees have been made to the patient or those acting for patient as the results of procedures which patient may undergo while a patient of CGHVC.

3. **Acknowledgements of Patient**

Patient understands that:

a. It is customary, absent emergency or extraordinary circumstances, that no substantial or invasive procedures be performed upon a patient unless and until the patient has had the opportunity to discuss these procedures with the physician or other health professional so that the patient may be informed of the contemplated procedures.
b. Each patient has the right to refuse to consent to any specific procedures or therapeutic course of treatment. If a patient refuses consent to the administration of blood or blood products, CGHVC reserves the right to decline to provide medical care if, in the opinion of the Attending Physician, the refusal of blood products possesses a serious threat to patient.

4. **Patient Understanding of Consent**

This consent form has been adequately and fully explained to patient, and Patient, by his or her signature, indicates satisfaction as to an adequate understanding of this consent and of its significance and that Patient is voluntarily executing the same.

5. **Assignment of Insurance Benefits**

For value received, I hereby irrevocably transfer, assign, and set over to CGHVC all insurance benefits of every kind and description, which benefits would be payable directly to me except for this assignment, and not to exceed CGHVC's regular charges for the medical care given me. CGHVC receives the right not to accept assignment of such benefits at its discretion.

6. **Validity of Consent**

This consent is valid during the entire term of my association with CGHVC and may be relied upon by CGHVC unless, and until, revoked by patient in writing.

7. **Notice of Privacy Practices and Notice of Individual Rights**

I acknowledge by signing below that I have reviewed the Notice of Privacy Practices and Notice of Individual Rights.

Notices are available on the website.

Signature of Patient: _____