Hygieia Clinic Michigan, PC
28807 Eight Mile Road, Suite 102
Livonia, MI 48152
(734) 743-2838

General Consent for Care and Treatment

To the Patient: *You have the right, as a patient, to be informed about your condition and the recommended medical or diagnostic procedure to be used so that you may make an informed decision whether to undergo suggested treatment after knowing the risk and hazards involved.*

At this point in your care, no specific treatment plan has been recommended. This is a general consent form where you grant your permission for us to perform the evaluation necessary to help identify the appropriate treatment for you.

This consent provides us with your permission for us to perform reasonable and necessary testing and suggest treatment. By Signing below, you are indicating that (1) you intend that this consent is continuing in nature even after a specific treatment has been recommended; and (2) 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. We do have an appointment cancellation policy.

You have the right to discuss the treatment plan with your clinician about the purpose, potential risks, and benefits, included for any testing, treatment, or treatment plan. If you have any concerns regarding any test or treatment recommended by our clinician, **we encourage you to ask questions.** I have also received a copy of the Notice of Privacy Practices.

I voluntarily authorize the health care providers, and all designees as deemed necessary, to perform reasonable and necessary testing and suggest treatment for the condition which has brought me to seek care at this practice. Evaluation of diabetes often includes blood draws, where the needle stick may hurt and there is a small risk of bruising and fainting, and a rare risk of infection. Poor diabetes management can lead to serious conditions, including potential damage to your heart, blood vessels, eyes, kidneys, nerves, and skin.

I certify that I have carefully read and fully understand the above statements and fully and voluntarily consent.

Signature of Patient or Personal Representative & Date	Signature of Witness & Date
Printed Name of Patient or Personal Representative and Relationship to Patient	Printed Name of Witness and Employee Job Title