



MARYLAND PAIN & WELLNESS CENTER, P.A.
GENERAL CONSENT TO TREATMENT

By signing below, I, (or my authorized representative on my behalf) authorize MARYLAND PAIN & WELLNESS CENTER (“MPWC”) and their staff to conduct any diagnostic examinations, tests and procedures and to provide any medications, treatment or therapy necessary to effectively assess and maintain my health, and to assess, diagnose and treat my illness or injuries. I understand that it is the responsibility of my individual treating healthcare providers to explain to me the reasons for any particular diagnostic examination, test or procedure, the available treatment options and the common risks and anticipated burdens and benefits associated with these options as well as alternative courses of treatment.

Right to Refuse Treatment: In giving my general consent to treatment, I understand that I retain the right to refuse any particular examination, test, procedure, treatment, therapy or medication recommended or deemed medically necessary by my individual treating health care providers. I also understand that the practice of medicine is not an exact science and that no guarantees have been made to me as to the results of my evaluation and/or treatment.

Use & Disclosure of Information About You: MARYLAND PAIN & WELLNESS CENTER may use and disclose information about you and your health for the purposes of diagnosing and treating you, for obtaining payment for your care and for conducting health care operations. There are regulations that control how MARYLAND PAIN & WELLNESS CENTER may use information about you and your health. **We abide by these regulations.** You have the right to ask us to restrict who may receive information about you and your health. MARYLAND PAIN & WELLNESS CENTER is not required to agree to your request, but if it does agree, it will follow your request.

YOUR SIGNATURE BELOW ACKNOWLEDGES THAT YOU HAVE READ AND UNDERSTAND THIS DOCUMENT AND ACCEPT ITS TERMS.

You are also acknowledging that you have been offered a copy of this document. Maryland Pain & Wellness Center does not discriminate on the basis of age, sex, marital status, race, creed, color, national origin or the presence of any sensory, mental or physical handicap.

Patient’s Signature _____

Date _____

Witness’s Signature _____

Date _____