



Consent for Treatment/Power of Attorney Acknowledgment

**Patient's Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**Consent for Medical Treatment**

I, the undersigned am knowingly requesting general medical services from RHMG and I am requesting these services willingly and voluntarily. By my signature below, I attest that I am eighteen (18) years of age or older, of sound mind, and not constrained nor under undue influence. I understand that my healthcare provider will be responsible for providing me with an explanation of current information regarding my diagnosis, treatment and prognosis (as applicable) and will require my consent on any procedures performed on me. My healthcare provider will ensure that I am adequately informed and understand the reasons for the procedure. I understand that I have the right to refuse such care, except in an emergency.

**Power of Attorney Regarding Healthcare Services Rendered to a Minor:**

As the legal guardian of the patient who is under the age of eighteen (18) years of age and who does not possess statutory authority to make his/her own decisions regarding healthcare services rendered, I authorize the following persons to make these decisions in my absence and convey in listing them the legal authority to make such decisions.

Power of Attorney, as described herein, is hereby granted to the following individuals:

Name	Relationship to Patient	Date
_____ Name	_____ Relationship to Patient	_____ Date
_____ Name	_____ Relationship to Patient	_____ Date

**Patient or Legal Guardian Acknowledgement:**

Upon my signature below, I attest that I have read and understand all the provisions discussed herein. Should the patient be a legal minor as defined in the State of North Carolina Statute, I hereby attest as the signer below, that I am the lawful guardian of the minor.

\_\_\_\_\_  
Signature of Patient or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship if Other than Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Reason Patient Cannot Sign

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date