

Consent to Medical Treatment

I voluntarily consent to such routine diagnostic procedures; medical and/or surgical care; and/or hospital care as determined by my provider and/or his/her designees to be necessary and desirable based on his/her exercise of professional judgment.

As the provider of medical services at Bates College, Central Maine Medical Center is a teaching hospital, students in medicine, nursing and other healthcare professions (under appropriate supervision) may be involved in my care. My treatment or physical condition will be electronically recorded in order to provide, coordinate, or manage my care. If this documentation includes a photograph, I will be asked to grant permission for such at the time of the visit and before a photograph is taken. I understand that my doctor will explain to me the purpose of the benefits and the usual and most frequent risks and hazards involved in the diagnosis and treatment of any illness or injury as well as alternative courses of treatment. I further understand that I have the right to refuse any suggested examinations, tests or treatment.

I have the opportunity to make an Advance Directive and to place it in my medical record to give instructions about my care if I become unable to do so. I am aware that, if my heart or lungs should suddenly and unexpectedly stop working, cardio-pulmonary resuscitation (CPR) will be performed on me except in certain limited circumstances. CPR involves electric shock to the heart, mechanical breathing assistance through a tube inserted by mouth, drugs and other therapies. I can discuss my care, Advance Directive and CPR with my provider. I am aware that the practice of medicine and surgery is not an exact science and I acknowledge that no guarantees have been made to me as to the result of examinations, tests or treatment.

I understand that a physician may not be present in Bates Health Services during all hours services are furnished to me. At those times when a physician is not present at Health Services there will be a Nurse Practitioner or Registered Nurse available with backup by an on-call physician.

I also grant permission to Bates Health Services, if I cannot be reached or communicated with, to hospitalize and provide any treatment necessary for my son, daughter or ward, or myself [cross out terms not applying], according to professional judgment, if further delay might jeopardize health.

I have read this form, or it has been read to me, and I understand it. I understand that I may have a copy on request.

Student Signature: Thomas Aquinas
Thomas Aquinas (May 12, 2022 08:57 EDT)

Date: 05/12/2022