



Monterey County Health Department, Clinic Services Division

Alisal Health Center • Seaside Family Health Center • Laurel Vista • Laurel Family Practice Marina Health Clinic
• Laurel Pediatrics • Laurel Internal Medicine • Salinas Bienestar • Marina Bienestar

PATIENT CONSENT FORM

If you provide consent, you may receive outpatient care from Monterey County Primary Clinics encompassing routine diagnostic procedures, examination and medical treatment including (but not limited to) telehealth services, routine laboratory work and administration of medications as prescribed by the Providers.

You will be asked to provide additional consent ("informed consent") if you have an operation or procedure that has side effects or other risks. Procedures and treatment will be performed by the doctor(s) at the clinic, together with associates and assistants, including Nurse Practitioners or Physician's Assistants.

Monterey County Primary Care Clinics doctors, surgeons, and the health care professionals in attendance for performing specialized medical services such as anesthesia, radiology, or pathology are not employees, representatives or agents of the clinic. They are independent medical practitioners.

Medi-Cal, Medicare, or a private payor may require that the patient pay a share of cost, co-payment, co-insurance, along with for any procedures not covered by your health insurance plans, all which Monterey County Primary Care Clinics considers to be the patient's responsibility. If you or your child does not meet income requirements for certain programs or you request a non-covered service, you will be financially responsible for payment.

All operations and procedures carry the risk of unsuccessful results, complications, injury, or even death, from both known and unforeseen causes. You have the right to be informed of:

- The nature of the operation or procedure, including other care, treatment or medications;
- Potential benefits, risks or side effects of the operation or procedure, including potential problems that might occur with the anesthesia to be used and during recuperation;
- The likelihood of achieving treatment goals;

- Reasonable alternatives and the relevant risks, benefits and side effects related to such alternatives, including the possible results of not receiving care or treatment; and

- Any independent medical research or significant economic interests your doctor may have related to the performance of the proposed operation or procedure.

Except in cases of emergency, operations or procedures are not performed until you have had the opportunity to receive this information and have given your consent. You have the right to give or refuse consent to any proposed operation or procedure at any time prior to its performance.

You will be asked to sign a separate informed consent form prior to any operation or procedure that requires your informed consent.

Your signature on this form indicates that:

- You have read and understand the information provided in this form

SIGNATURE

Signature: _____ Date: _____
(Patient/legal representative)

If signed by a person other than the patient, indicate relationship: _____

Print Name: _____
(legal representative)