



CONSENT FOR TREATMENT

Revised 04/2025

To the patient: You have the right, as a patient, to be informed about your condition and the recommended medical, chiropractic, or diagnostic procedure to be used so that you may make the decision whether or not to undergo any suggested treatment or procedure after knowing the risks and hazards involved. This consent form is simply an effort to obtain your permission to perform the evaluation necessary to identify the appropriate treatment and/or procedure for any identified condition(s).

I have given consent to Align Medical Center (Align) to provide medical, chiropractic, and diagnostic services to me and any dependents I have listed on the patient intake form. I understand that this authorization applies to all routine healthcare services and to all services available for urgent and/or chronic medical and chiropractic conditions. I recognize that no guarantees have been made to me as a result of treatment by Align.

The services authorized by this consent include those provided under Align by, but not limited to: medical staff including medical staff including physicians, nurse practitioners, physician assistants, nurses, health educators, medical technologists, and medical assistants; and chiropractic staff including chiropractors, and chiropractic technicians. I also consent to treatment by health professionals in training, which are under supervision of responsible health professionals employed by Align. I understand that I may be seen by a clinical training student/resident/fellow who is at all times supervised by a licensed provider. All decisions about treatment plans are made by a licensed provider.

TELEHEALTH: I consent to treatment involving the use of electronic communications to enable healthcare providers at different locations to share my individual patient medical information for diagnosis, therapy, follow-up, and/or education purposes. I consent to forwarding my information to a third party as needed to receive telemedicine services, and I understand that existing confidentiality protections apply. I acknowledge that while telemedicine can be used to provide improved access to medical care, as with any medical procedure, there are potential risks and no results can be guaranteed or assured. These risks include, but are not limited to: technical problems with the information transmission; equipment failures that could result in lost information or delays in treatment. I understand that I have a right to withhold or withdraw my consent to the use of telemedicine in the course of my care at any time, without affecting my right to future treatment and without risking the loss or withdrawal of any program benefits to which I would otherwise be entitled. I understand that due to the nature of medical practice, not all medical services may be available via telehealth, and it is within the sole discretion of my provider to determine whether telehealth is appropriate for my care and treatment. I agree not to record any part of my visit with Align Medical Center.

All children under the age of 18 must be accompanied by a parent or a legal guardian when visiting Align for the first time and once per year thereafter. We understand that parents or legal guardians may not always be available to bring their children in and may wish to authorize a child to attend a visit alone or with another adult. Align allows children age 13 and older to attend visits alone. The parent or legal guardian may authorize this in advance of the visit by completing an authorization form.

Adults who are not able to make their own healthcare decisions and have a guardian or Power of Attorney (POA), may have their guardian/POA sign consent for treatment for them. Align recommends that adults who are not able to make their own healthcare decisions be accompanied by their guardian/POA at all times while at the clinic.

I am aware that not all persons permitted in patient care areas are authorized staff but may be present to perform designated operational functions during my visit.