(GENERAL CONSENT TO MEDICAL TREATMENT)

The undersigned Franciscan Physician Network (Provider) understands that this is a general consent to medical treatment that applies to any current or future treatment, including emergencies, that may be necessary for the undersigner's health or well-being.

(CONSENT TO PHOTOGRAPH)

The undersigned acknowledges that photographs may be taken of the undersigner during the course of the undersigner's care and that the photographs may be used for educational or research purposes.

MyChart Electronic Health Record (MyChart)

MyChart is a service of Franciscan Physician Network that allows patients to access their medical records, communicate with their healthcare providers, and schedule appointments. The undersigned understands that access to MyChart is subject to the privacy policies and security measures of Franciscan Physician Network.

FINANCIAL AGREEMENT

The undersigned agrees to pay all charges for services rendered under this agreement. The undersigned understands that the undersigned is responsible for any insurance deductibles, co-payments, or other charges not covered by insurance.

TELEPHONE/CELL PHONE NUMBER

The undersigned agrees to provide the undersigned's current telephone number and contact information for the purpose of receiving important communication related to the undersigned's care.

REVOCATION OF CONSENT

The undersigned reserves the right to revoke this consent at any time. The undersigned understands that the revocation of this consent will not affect the undersigned's medical care that has already been provided.

INDIANA LAW AND JURISDICTION

The undersigned agrees to the laws and jurisdiction of the State of Indiana in the event of any dispute or claims arising out of or related to the undersigned's care.

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Printed Name

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Signature

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Date

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