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INFO@CHUNTERHEALTHCARE.COM

GENERAL CONSENT

Patient's Name: _____

Email: _____ Date of Birth: _____

1. I hereby do voluntarily consent to such care including routine procedures, examinations tests, immunizations, vaccinations, regional or local anesthesia and other treatment by Dr. Carla Hunter or her staff as is necessary.
2. If I don't fully understand a procedure or its risk, consequences and alternate methods of treatment, I have the right to question the appropriate health care professional.
3. I realize that Dr. Hunter's practice site may include teaching medical students and that some procedures may be performed by students under the supervision of Dr. Hunter.
4. I understand that blood may be drawn from me for HIV testing and other communicable diseases without further permission being given by me if a doctor, another health professional or employee is exposed to my blood or bodily fluids.
5. I understand that Dr. Carla Hunter, MD PLLC and staff shall not be responsible or liable for the loss of/or damage to any personal property.
6. I authorize the release of my medical records to Dr. Hunter and other information required in order for Dr. Carla Hunter and all entities providing services to obtain payment. This includes records of alcohol and drug abuse and /or treatment, records indicating testing, diagnosis or treatment of HIV infections, or any other related condition, records of psychological services and social services, including communications made by the patient to the physician, social worker, or psychologist. This authorization shall be effective only so long as necessary to obtain payment or reimbursement and will end when payment or reimbursement is received.
7. I authorize Dr. Carla Hunter to review my insurance coverage with my insurance company.
8. I authorize payment of insurance benefits to be made directly to Dr. Carla Hunter.

I have read this form and my questions have been adequately answered. I certify that I understand its contents.

Patient/Parent/Guardian Signature

Date

Witness Signature

Date