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**Owner:** Amanda Johnson: Manager of Admitting  
**Area:** Outpatient Therapy  
**References:**  
**Applicability:** WA - Providence St. Luke's Rehabilitation Medical Center

## Consent to Treatment – Outpatient

### POLICY:

Give informed consent to the patient of expectations and their rights and responsibilities as it relates to treatment, billing, attendance terms during evaluation to discharge of outpatient services.

### PROCEDURE:

Patient or guardian is required to sign the below document before services are rendered. Admitting Representative will witness the signing of the document.

### Consent to Treatment - Outpatient

**Consent For Medical Treatment:** The patient named below hereby voluntarily consents to the rendering of medical care, which may include such medical treatment as the attending physician(s) or other consulting physicians consider to be necessary. I understand that I must look solely to the attending physician(s) for interpretation of the results of any diagnostic procedure or test, and medical treatment. The patient has a general understanding of the nature and purpose of his/her medical treatment and is generally aware that medical complications can occur. The patient acknowledges that no guarantees have been made as to the result of treatment. The patient consents to other health care personnel in training being present during treatment and in some instances providing supervised treatment. The patient understands that some treatments will occur in areas that may also be occupied by other patients being treated.

**Attendance Policy:** The patient has reviewed a copy of the attendance policy. I understand that it is important to attend all scheduled appointments. I understand it is my responsibility to know my appointment dates and times.

**Patient Rights and Responsibilities:** I acknowledge I have reviewed a copy of St. Luke's Rehabilitation Institute's ("St. Luke's") "Patient Rights and Responsibilities."

**Patient Valuables:** St. Luke's shall not be liable for the loss or damage to any patient personal property.

**Use & Disclosure of Information About You:** St. Luke's may use and disclose information about you and your health for the purposes of diagnosing and treating you, for obtaining payment for your care and for conducting health care operations. There are regulations that control how St. Luke's may use information about you and your health. St. Luke's abides by these regulations. These regulations are explained in more detail in the Inland Northwest Health Services ("INHS") joint "Notice of Privacy Practices". (St. Luke's is a

Division of INHS.) You have the right to review the "Notice of Privacy Practices" prior to signing this document. INHS reserves the right to make changes to its "Notice of Privacy Practices." You will not receive a revised Notice of Privacy Practices unless there are material changes. However, should you like a copy or wish to review any new revisions of INHS joint Notice of Privacy Practices you may obtain a copy at the clinic you are receiving care or, online at <https://www.st-lukes.org/Privacy-Rights>, or by writing to INHS, P. O. Box 469, Spokane, WA 99210, Attention: Privacy Officer.

**YOUR SIGNATURE BELOW ACKNOWLEDGES THAT YOU HAVE READ AND UNDERSTAND THIS DOCUMENT AND ACCEPT ITS TERMS. You are also acknowledging that you have received and/or been offered a copy of Providence St. Luke's "Notice of Privacy Practices."**

St. Luke's does not discriminate on the basis of age, sex, marital status, race, creed, color, national origin or the presence of any sensory, mental or physical handicap, sexual orientation, and/or gender identification.

## Attachments

[Acknowledgment Policy](#)

## Approval Signatures

Step Description	Approver	Date
	Amanda Johnson: Manager of Admitting	06/2021

## Applicability

WA - Providence St. Luke's Rehabilitation Medical