



# Carolinah HealthCare System

## REQUEST FOR TREATMENT AND AUTHORIZATION FORM

REQUEST FOR TREATMENT. The Hospital maintains personnel and facilities to assist my physicians in providing me medical care, and I authorize the Hospital personnel to perform on me the care ordered by my physicians. I understand that I have the right to be informed by my physicians of the nature and purpose of any proposed operation or procedure and any available alternative methods of treatment, together with an explanation of the risks associated with each of them. This form is not a substitute for such explanations, which are the responsibility of my physicians to provide according to recognized standards of medical practice, and I acknowledge that the Hospital and its personnel are not responsible for providing me this information. I consent to receive services by telemedicine (using interactive audio, video, or data communications to carry out consultations, evaluations, screenings, diagnosis, treatment, monitoring, or other communications benefiting a patient) if appropriate for my condition, and I understand the risks, benefits and alternatives of doing so.

I authorize the Hospital and my physicians/athletic trainers to take pictures and/or video of me for treatment and health care operation purposes.

I have read the foregoing request and authorization in its entirety and agree to be bound by all terms and conditions herein. Witness my (our) hand(s) below.

\_\_\_\_\_  
Patient Name Printed

\_\_\_\_\_  
Responsible Party/ies Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
I have been provided access to CHS's Notice of Privacy Practices

Signature \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
(Patient or Authorized Representative)

Relationship to Patient: \_\_\_\_\_

Reason Patient Unable/Unwilling to sign \_\_\_\_\_

## CAROLINAS HEALTHCARE SYSTEM

Category: Patient Rights  
Policy: Patient Rights  
Number: PR 100.00  
Date of Issue: 07/94

Reviewed / Revised: 01/12

### PATIENT RIGHTS POLICY STATEMENT

The Carolinas HealthCare System will provide impartial access to available medical treatment. Patients will receive high quality care which demonstrates respect for their values and beliefs and which recognizes their personal dignity and need for privacy in treatment. Patients will have sufficient information to participate in decisions relating to their treatment. A mechanism will exist to identify issues of concern, to resolve grievances and to improve patient care and services of Carolinas HealthCare System.

Each patient will receive information regarding his/her rights and responsibilities at the earliest possible time in the course of their care.

Approved: \_\_\_\_\_

  
Joseph G. Piemont, President and COO