



Stony Brook Southampton Hospital

CONSENT FOR CARE

I, X _____, acting for X _____ seeking care at the Westhampton Primary Care Center, consent to the rendering of such care, which may consist of those medical examinations, routine diagnostic procedures and medical treatments which the assigned practitioner or other members of the Primary Care Center's medical staff consider necessary.

I understand that:

1. Except in emergencies or other unusual circumstances, it is customary for the patient to have an opportunity to discuss any substantial medical procedures with a physician or other health professional, and that no substantial procedure will be performed until it is explained to the patient's satisfaction.
2. Each patient has the right to consent or refuse to consent to any procedure or treatment. I understand that among those who attend patients at this health center there may be other health care personnel who, while qualified to treat patients, are enrolled in training programs, and that unless I make a request to the contrary, these practitioners may be assigned a responsibility for my care, and may also be present during patient care for educational purposes.
3. I request that my son/daughter X _____ be treated at Westhampton Primary Care Center, when brought to the Center by a family member, or my designee, in my absence.

This form has been fully explained to me and I am satisfied that I understand its content and significance. I further understand that this consent will remain valid unless revoked by me and that such revocation may be made at any time.

X _____ X _____
Signature Date

I am the patient's parent or guardian or am otherwise legally authorized to act on behalf of the patient. This form has been fully explained to me and I am satisfied that I understand its content and significance.

Signature of Parent or Guardian Date

Relation to Patient

Witness