Crescent
NEUROLOGY AND SLEEP

PATIENT CONSENT FOR TREATMENT (Adults and Minors)

1. We require the consent of a parent or legal guardian to provide most types of routine care for patients under the age of 18. **Please note: We do not see patients under the age of 18 years old without an adult accompanying them and strongly encourage a parent or legal guardian to attend all visits.**

2. I voluntarily consent to any and all health care treatment and diagnostic procedures provided by Crescent Neurology and Sleep, LLC and its associated physicians, clinicians and other personnel. I am aware that the practice of medicine and other health care professions is not an exact science and I further state that I understand that no guarantee has been or can be made as to the results of the treatments or examinations at Crescent Neurology and Sleep, LLC.

3. I consent to the use and disclosure of my/the patient's protected health information for purposes of obtaining payment for services rendered to me/the patient, treatment and health care operations consistent with Crescent Neurology and Sleep, LLC.

4. I authorize payment of medical benefits to Crescent Neurology and Sleep physicians or their designee for services rendered.

5. I give permission to obtain all my medication/prescription history when using an electronic system to process prescriptions for my medical treatment.