

THE WOMEN'S PAVILION, P.S.C.

CONSENT FOR HEALTH SERVICES

I voluntarily consent to the rendering of care, which may consist of screening, examination, laboratory tests, diagnostic and monitoring procedures, medical treatment, medications, review of my hospital records and other preventive health measures provided by my physician and employees of The Women's Pavilion, P.S.C. as deemed necessary or beneficial. In accordance with KRS 214.625, I understand that this consent permits me, as the patient, to be tested for human immunodeficiency virus (HIV) infection, hepatitis B, or any other bloodborne infectious disease or any other diagnostic test as deemed necessary for my treatment by my physician. The results of such tests or procedures shall be used only for diagnostic purposes directly related to medical treatment, or for any personnel exposed to my blood, body fluids, or tissue. I must come into the office to receive HIV test results, and understand the test results will be kept confidential, to the extent permitted by law. This consent to treat will remain in effect indefinitely or until rescinded by the undersigned.

Patient

Date

Health Professional Obtaining Consent