THE PEDIATRIC SLEEP CENTER
205 East Hirst Road, Suite 303
Purcellville, Virginia 20132

(703) 226-2290

Patient's Name: ________________________ **Patient's Date of Birth:** __________________

General Consent to Treatment (Parent/Guardian of a Minor Child)

I authorize the rendering of such care, including diagnostic and therapeutic treatment by the physicians and staff of The Pediatric Sleep Center (PSC), as may be deemed necessary or beneficial for the patient named above ("the Child"). Treatment may include, but is not limited to, diagnostic radiology and laboratory procedures, therapeutic procedures, and administration of drugs.

I acknowledge that no guarantees have been made as to the effect of the examination or treatment on the Child's condition. I understand that I have the right to make decisions concerning the Child's health care, including the right to refuse medical and surgical procedures.

My signature below indicates my acknowledgement that:

1. I have read and agree to all of the above;
2. I give my authorization and consent for treatment of the Child; and
3. I understand that I may withdraw my consent for treatment at any time.

________________________________ ________________________________ ________________

Signature of Patient/Personal Representative **Printed Name** **Date**

Acknowledgment of Receipt of Notice of Privacy Practices

I acknowledge that I was given a copy of the Notice of Privacy Practices.

________________________________ ________________________________ ________________

Signature of Patient/Personal Representative **Printed Name** **Date**

Your relationship to the patient, if signed by Personal Representative: __________________________

To be completed by office staff (if necessary)

Good faith efforts were made to obtain acknowledgment of receipt of the Notice of Privacy Practices from the patient or patient's personal representative. The good faith efforts made and reason the acknowledgment could not be obtained were:

- ☐ Patient (or personal representative) refused to sign after being requested to do so.
- ☐ Emergency situation and patient (or personal representative) was unavailable to sign.
- ☐ Other: (please describe) ____