

When care, treatment, and services require informed consent, all aspects will be discussed with you and/or your legal representative to establish a mutual understanding between you and the hospital. This allows those involved to fully participate in decisions about your care, treatment, or services recommended.

By signing, you agree that the following was discussed:

- Nature of the proposed care
- Likelihood of achieving treatment goals
- Risks/Benefits/Side Effects, including potential problems to recovery
- Alternatives considered and risks/benefits of them
- Limitations on confidentiality of Protected Health Information (PHI), if indicated

Name	Date of Birth	Client ID Number		
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