

Consent for Treatment

I request and authorize medical and/or surgical treatment, as may be deemed necessary and appropriate by the physician and his or her designees participating in my care. The possible risks and benefits of any procedures shall be disclosed to me. This care may include diagnostic, radiology and laboratory procedures, therapeutic procedures, administration of drugs, hospital care, and medically appropriate referral for medical supplies.

Right to Refuse Treatment

In giving my consent to treatment, I understand that I can refuse any examination, test, procedure, treatment, therapy, or medication recommended or deemed medically necessary by medical providers. I also understand that UROLOGY CENTERS OF ALABAMA, P.C. (UCA) utilizes non-physician providers including advance practice nurses and physician assistants. A non-physician provider can diagnose, treat, and monitor common acute and chronic diseases as well as provide health maintenance care. I understand that at any time, I can refuse consent to the services of a non-physician provider and request to see a physician. I acknowledge that I have the right to informed participation in decisions of my care. I realize that no guarantees may be made regarding the effectiveness of any treatment.