

## Power of Attorney Consent Form

I, \_\_\_\_\_, representative of MD24HouseCall have explained and inquired from, \_\_\_\_\_, a potential patient of MD24 the importance of disclosing any current Medical Power of Attorney or necessities to obtain consent from a legal third party, caregiver, or relative. By signing this statement the patient acknowledges that they presented no reason, request or knowledge of a Health Care Power of Attorney overseeing their care decisions and understand that MD24 providers are not designated to make medical decisions of the patient's behalf under any existing document or health care power of attorney.

\_\_\_\_\_ I do **NOT** have an existing Health Care Power of Attorney and am effective in my ability to make or communicate health care decisions for myself. When medical care becomes essential, I am solely responsible in making such decisions regarding such treatments as deemed appropriate by the medical doctor, hospital or their authorized designee. In furtherance of any treatment decisions made by MD24 health care providers for my benefit, I am capable of authorizing requests to obtain, review and inspect any and all information bearing upon my health and relevant to any such decisions to be made respecting such treatment. I acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment on my condition and that I am responsible for all choices in care and treatment rendered to me during this period.

\_\_\_\_\_ I **DO** have an existing Health Care Power of Attorney, designated family member, or requested care giver that oversees all consent to rendering medical care. Please contact the following person for additional information and prior to any medical treatments:

\_\_\_\_\_  
\_\_\_\_\_

In accordance with the Health Insurance Portability & Accountability Act of 1996 (HIPAA), MD24HouseCall will keep all of your health information confidential from third party inquiries not listed on this form.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witnessed By \_\_\_\_\_ Date \_\_\_\_\_