

SAMPLE (id #SAMPLE, dob: SAMPLE)

SAMPLE (id #SAMPLE, dob: SAMPLE)



\* 51275421w13693 A-Consent



### MSU General Consent for Medical Treatment

**Patient:** SAMPLE  
**DOB:** SAMPLE  
**Address:** 965 FEE ROAD  
EAST LANSING, MI 48824

**Date:** SAMPLE  
**Patient ID:** SAMPLE

**Department:** \_\_\_\_\_

**Provider:** \_\_\_\_\_

I consent to allow the providers of the MSU HealthTeam to perform necessary medical examinations and tests to diagnose and treat my health conditions.

I understand healthcare students may be involved in my care.

I have the right to have a chaperone present when I am with my provider. A chaperone is required for any sensitive examination unless I decline a chaperone in writing. If I am consenting on behalf of a child under 11 years of age, I may serve as the chaperone.

I have the right to discuss any treatment with my provider. I am encouraged to ask questions about any concerns I have.

I understand that if additional testing or invasive procedures are needed, I will be asked to read and sign additional consent forms.

This consent is valid until I revoke it in writing.

► Patient/  
Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

► Printed Name of Patient  
or Personal Representative: \_\_\_\_\_

SAMPLE (id #SAMPLE, dob: SAMPLE)

SAMPLE (id #SAMPLE, dob: SAMPLE)



\* 51275421w13693 A-Consent

**NON-DISCRIMINATION NOTICE**

Michigan State University (MSU) HealthTeam complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. MSU HealthTeam does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

MSU HealthTeam provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and free language interpretation services to people whose primary language is not English. If you need these services, contact the manager of your physician's office.

**Filing a grievance**

If you believe that MSU HealthTeam has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Office of Institutional Equity  
4 Olds Hall  
East Lansing, MI 48824  
Phone: (517) 353-3922  
Fax: (517) 884-8513  
Email: oie@msu.edu

You can file a grievance in person or by mail, fax, email, or through the Public Incident Reporting Form. If you need help filing a grievance, OIE staff are available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at  
<http://www.hhs.gov/ocr/office/file/index.html>.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-886-3885 (TTY: 711).

ملحوظة: إذا كنت تتحدث انكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بلسمان. اتصل برقم 1-877-886-3885 (TTY: 711).

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-877-886-3885 (TTY: 711)。

مطابقاً مع قانون الرعاية الصحية الأمريكي، نحن نقدم خدمات مساعدة لغوية مجانية للأشخاص الذين يتحدثون لغة أخرى غير اللغة الإنجليزية. اتصل برقم 1-877-886-3885 (TTY: 711)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-886-3885 (TTY: 711).

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-877-886-3885 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-886-3885 (TTY: 711)번으로 전화해 주십시오.

লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলেত পাবেন, তাহলে িনঃখরচায় ভাষা সহায়তা পিরেখা উপলব্ধি আছে। ফোন করন ১-৮৭৭৮৮৬৩৮৮৫ (TTY: 711)

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-886-3885 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-886-3885 (TTY: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-877-886-3885 (TTY: 711).

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-877-886-3885 (TTY:711) まで、お電話にてご連絡ください。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-886-3885 (телетайп: 711).

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-877-886-3885 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-886-3885 (TTY: 711).