

# CONSENT FOR MEDICAL CARE AND TREATMENT

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CONSENT TO DIAGNOSE AND TREAT: I understand that my health condition may require diagnosis and treatment the Sequoia Integrative Medical Services, LLC and its affiliates including Sequoia Health Services ALF, LLC (collectively, “Sequoia”) is a family medicine practice that provides evaluation and treatment services through primary care providers. I hereby voluntarily consent to such treatment., services and procedures as ordered by my physician and/or non-physician advanced practice provider who is associated with Sequoia. Such treatments and procedures may include, but are not limited to: examinations, blood draws, laboratory analysis, monitoring, medications, and other therapies. I understand that student nurses and others in professional training programs may be among the individuals, employee, and sub contractors.

NOTICE OF PRIVACY PRACTICES: I have received the Sequoia’s Notice of Privacy Practices and authorize its associates and/or designees to discuss and provide documentation of my medical history, diagnosis, treatment and prognosis as described therein. It is the policy of Sequoia not to release confidential medical information to patient’s family members without the patient;s written consent, which must be provided on a separately signed form.

I certify that I have read and fully understand the above statements and consent fully and voluntarily to its consent.

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Legal Representative/Relationship

\_\_\_\_\_  
Date