

# Islamic Center of Naperville Free Clinic

## UNIVERSAL CONSENT FOR TREATMENT

I understand that my/my child(ren) condition requires outpatient care. I consent to and authorize testing, treatment and/or hospital care as ordered by the doctor and his/her consultants, associates and assistance. I authorize Clinic nurses, employees, volunteers and others as necessary to carry out the instructions of doctors with respect to the procedures and treatment they have ordered. I understand that it may be necessary for representatives of outside healthcare companies to assist in my/my child(ren) care. I also understand student nurses and others in professional training programs and volunteers maybe among the individuals who provide care to me/my child(ren). I understand that in connection with my/my child(ren), Photos or videos may be taken. Any tissue or body parts removed from my/my child(ren) body may be retained or disposed of by the Clinic at its sole discretion.

I also understand and acknowledge that Illinois law provides if any healthcare worker is exposed to my/my child(ren) blood or other bodily fluid, the Clinic may perform tests, with or without my consent, on my/my child(ren) blood or other bodily fluids to determine the presence of any communicable diseases, including but not limited to, Hepatitis, HIV/AIDS and Syphilis. I understand that such testing is necessary to protect those who will be caring for me/my child(ren) while I am a patient or guardian of a patient of the clinic. I understand that the results of tests taken under the circumstances are confidential and do not become a part of my/my child(ren) medical records.

I consent and allow my doctors at ICN Free Clinic to coordinate my care with the specialists as needed including coordination on treatment for mental health and substance abuse issues. I acknowledge and agree that the doctors participating in my/my child(ren) care in the Clinic do not work for the Clinic. They are not employees, servants or agents of the Clinic. They are either engaged in the private practice of medicine or our licensed practitioners participating in the care of the patients. I acknowledge and agree that the Clinic is not responsible for the judgment or conduct of any doctor who treats or provides a professional service to me/my child(ren).

*CHARITY CARE: I acknowledge and agree that the doctor participating in my/my child(ren) care in this Clinic is a volunteer healthcare professional and is not administering care for or in expectation of compensation. I also understand that as a volunteer healthcare professional the physician is immune from civil liability for any act or omission resulting in death, damage or injury as long as the volunteer acts in good faith and in the scope of his/her duties within the organization in providing Healthcare Services. I understand that I cannot receive any type of charity care at the health care provider's place of business and that ICN Free Clinic is in no way affiliated with the volunteer healthcare provider's place of business. I acknowledge that if I would like to make an appointment with the volunteer healthcare provider at their place of business, I may do so and agree to pay for such office visits.*

NO GUARANTEE: I acknowledge that no guarantees or warranties have been made with respect to treatment to be provided at this Clinic to me/my child(ren).

If the person signing this form is not the patient and is a guardian, please give full name, phone number and address.

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I HAVE READ AND UNDERSTAND THIS INFORMATION.



Signature of Patient, Parent/Guardian Or  
Legally Authorized Representative



Relationship to patient



Reason patient unable to sign

Witness

Title

Date of Signature

\*\* Confidential\*\* ICN Free Medical Clinic 2844 West Ogden Avenue, Naperville, Illinois 60540. Ph: (331) 213-2291

WE RESERVE THE RIGHT TO REFUSE SERVICE.