

Tus neeg mob lub npe Patient name			
MHN MHN	Hnub yug DOB	Muaj tsawg xyoo Age	Poj niam los txiv neej Gender

Key Kho Ib Tug Neeg Laus Uas Tsis Txawj thaum Tsis Muaj Tus Neeg Saib Xyuas Nyob Rau Ntawd

Daim Ntawv Tso Cai

Consent - Treatment of Adult Ward in Legal Guardian Absence

Yuav kom ua tau raws li Wisconsin txoj cai, Marshfield Clinic Health System kom ib tug neeg saib xyuas raws txoj cai (tus neeg saib xyuas uas tsev txiav txim xaiv) yuav tsum tso cai rau lub tsev kho mob uas tsev hais plaub xaiv los kho, nrog rau kev kho txoj kev feeb tsis meej. Yog thaum tus neeg saib xyuas raws txoj cai tso cai tsis tau rau txoj kev kho mob nws yuav xaiv tau ib tug neeg laus twg los tso cai rau los tau. Yog thaum lub tsev hais plaub tso cai ua kos npe rau, tej zaum yuav tsis pom zoo kho mob.

To comply with Wisconsin law, Marshfield Clinic Health System requires that a legal guardian (guardian appointed by a court) consent to the care of their court appointed ward, including mental health treatment. In the event that a legal guardian is unable to consent to the care, the legal guardian may delegate the right to consent to another adult. In the event that the ward presents for a non-urgent medical appointment without a legal guardian or a signed consent, treatment may be denied.

Kuv/Peb (tus neeg saib xyuas lub npe) _____ tso cai:
I/We (legal guardian's name) _____ authorize:

Tus neeg tso cai (Appointee – person authorized to consent) _____

Txheeb tus neeg mob li cas (Relationship to patient) _____

Tus neeg raug tsa tus xov tooj (Appointee's phone number) _____

Tus neeg raug tsa qhov chaw nyob (Appointee's address) _____

yog yuav tso cai – kos (✓) rau tag nrho cov uas raug:
to consent to – check (✓) all that apply:

Kho mob maj nrawm lossis kho mob sai (nrog rau kev kho mob hlwb) ntawm Marshfield Clinic Health System thiab cov chaw koom tes
Emergent or urgent care (including mental health treatment) at Marshfield Clinic Health System and affiliates

Kev kho mob, kev kho mob hlwb lossis kho hniav – nrog rau xav tshuaj, kuaj ntshav thiab lwm yam kev kuaj, tiamsis tsis nrog tej kev phais lossis lwm yam kev kho uas siv tshuaj loog (tsuas yog nrog cov tshuaj loog kiag cheeb tsam kho) – ntawm Marshfield Clinic Health System thiab cov chaw koom tes
Medical treatment, mental health treatment or dental care – including immunizations, lab work and other diagnostic tests, but not including any surgery or other procedures which require anesthesia (except for a local anesthetic) – at Marshfield Clinic Health System and affiliates

rau kuv qhov chaw kho mob (tus neeg mob lub npe) _____
for my ward (patient's name)

thaum lub sij hawm (tsis pub tshaj 1 xyoos):
during the period (not to exceed maximum of 1 year):

Hnub tim (hli/hnub/xyoo) _____ / _____ / _____ txog _____ / _____ / _____
Date (month/day/year) to

Tsis pub tshaj 1 xyoos
For a maximum period of 1 year

Keu Kho Ib Tug Neeg Laus Uas Tsis Txawj thaum Tsis Muaj Tus Neeg Saib Xyuas Nyob Rau Ntawd

Daim Ntawv Tso Cai (Txuas mus)

Nplooj 2 ntawm 2

Tus neeg mob lub npe <i>Patient name</i>	MHN <i>MHN</i>	Hnub yug <i>DOB</i>	Muaj tsawg xyoo <i>Age</i>	Poj niam los sis txiy neej <i>Gender</i>
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Kuv/peb (tus saib xyuas npe) _____
I/We (legal guardian's name)

tso caiv rau tus coj (tus mob npe) _____
authorize my ward (patient's name)

txais coj mus kuaj mob , rau lub caij tsis nrog niam nrog txiv
to receive routine care, unaccompanied during the period

(vas thib – hli/hnub/xyoo) ____ / ____ / ____ txog ____ / ____ / ____ (tsis pub dhaus li ntawm ib xyoo).
(date – month/day/year) to (not to exceed maximum of 1 year).

Neeg mob txais tau kev pab tiamsis kos tsis tau npe tso cai rau kev kuaj mob. Txhua yam tso cai yuav tsum yog kos npe los ntawm tus neeg muaj cai saib xyuas.
Patient may receive care but cannot sign consent for treatment. All consents must be signed by legal guardian.

Kws kho mob ntawm Marshfield Clinic Health System thiab cov chaw koom tes yuav tsum sim hu rau kuv ua ntej muab kev pab siv cov xov tooj uas muaj raws li nram no:
Providers at Marshfield Clinic Health System and affiliates should try to contact me before providing care using the following numbers:

Tus xov tooj hauv tsev _____ Tus xov tooj tom hauj lwm _____
Home phone Work phone

Tus xov tooj ntawm tes _____
Cell phone

Kuv nkag siab tias kuv qhov chaw kho mob yuav muaj txoj dej num los them rau cov nqi ntawm cov kev pab uas tau muab rau kuv txog qhov uas kuv qhov chaw kho mob qhov kev tuav pov hwm tsis kam them rau cov kev pab no. I understand that my ward will be responsible for the cost of services rendered to the extent that my ward's insurance does not pay for these services.

*Tus neeg saib xyuas kos npe
Legal guardian signature*

*Tus neeg saib xyuas qhov chaw nyob
Legal guardian address*

_____/_____/_____
*Kos npe hnub tim (hli/hnub/xyoo)
Signature date (month/day/year)*

*Tus neeg saib xyuas tus xov tooj
Legal guardian phone number*

Puas muaj lam tus saib xyuas ntxhiv (If additional guardian):

*Tus neeg saib xyuas kos npe
Legal guardian signature*

*Tus neeg saib xyuas qhov chaw nyob
Legal guardian address*

_____/_____/_____
*Kos npe hnub tim (hli/hnub/xyoo)
Signature date (month/day/year)*

*Tus neeg saib xyuas tus xov tooj
Legal guardian phone number*

Xa daim ntawv thov uas teb mee mus rau: Health Information Management, Marshfield Clinic Health System, 2727 Plaza Drive, Wausau, WI 54403 Fax: 715-847-3069 E-mail: mclhim.consent@marshfieldclinic.org
Send completed form to: Health Information Management, Marshfield Clinic Health System, 2727 Plaza Drive, Wausau, WI 54403 Fax: 715-847-3069 E-mail: mclhim.consent@marshfieldclinic.org