MORGANSTEIN DE FALCIS REHABILITATION INSTITUTE

CONSENT TO TREAT

The patient has the right to informed participation in discussion involving his/her health care. This shall be based on clear, concise explanation of his/her condition and all proposed treatment procedures. All possible risks and/or side effects as well as the probability of success with such procedures shall be disclosed to the patient by his/her attending physician.

The patient shall not be subjected to any procedure without his/her voluntary, competent, and understanding consent of his legally authorized representative. Where medically significant alternatives for care or treatment exist, the patient shall so be informed.

The patient has the right tot know who is responsible for authorizing and performing any and all treatment procedures.

After reading the above, **I** _____, hereby consent to receive treatment at Morganstein De Falcis Rehabilitation Institute.

I have read this information and understand its content.

_____ _____

Patient or Guardian Signature Date

_____ _____

Witness Signature Date