

**CONSENT FOR ASSESSMENT/MEDICAL SCREENING
(EMTALA)**

PATIENT IDENTIFICATION STICKER

I, the undersigned, do hereby authorize the staff of {INSERT FACILITY NAME} to perform an assessment and/or a medical screen.

I understand that I have the right to refuse any such assessment and/or medical screening.

I understand that all information is confidential unless an Authorization to Release Information has been signed.

I certify that I have read and fully understand the above consent for assessment and/or medical screen and I agree to absolve the facility and its staff providing the treatment(s) from any liability.

- ☐ I **consent** to assessment
- ☐ I **consent** to medical screening

- ☐ I **refuse** assessment
- ☐ I **refuse** medical screening

Name of Individual Consenting or Refusing Assessment or Medical Screening

Patient/Legal Representative Signature

Date

Time

Staff Signature/Title

Date

Time