



MT. SINAI MORNINGSIDE HOSPITAL

AUTHORIZATION FOR HEALTHCARE SERVICES AND

EMERGENCY MEDICAL TREATMENT

I, the undersigned, hereby give consent to the Mt. Sinai Morningside (MSM) and Mt. Sinai West (MSW) to provide Health care service, including emergency medical treatment to myself:

1. Health Care Services

These services may include routine psycho-diagnostic evaluation, physical assessment, lab work, urine toxicology, psychological testing, and if necessary, one or more treatment procedures. The MSM and MSW are training sites for mental health professionals. I understand that a clinical trainee supervised by a senior clinician may provide services. I further understand:

- a. The results of the evaluation and the recommended treatment plan will be discussed with me.
- b. Services will be provided by an authorized clinician of MSM or MSW.
- c. The results of the evaluation may be used for research and administrative purposes, provided information is not made available in a manner that identifies me.
- d. The interview may be observed by student clinicians, either sitting in the interview room, through a one-way mirror, audiotape or videotape. If this occurs, I will be informed beforehand.
- e. I may withdraw this authorization for services at any time by written request.

2. Emergency Medical Treatment

The MSM and MSW want to give you prompt attention in the event an emergency occurs while you are on our premises. If emergency care is needed, you will be taken to our Adult Emergency Room for treatment. We want to ensure that you receive prompt attention in the event of an emergency.

I hereby give consent to the MSM MSW for all the emergency medical procedures which might become necessary to preserve health in case of emergency in the unlikely event that I, or my spouse, cannot be reached to give our personal approval.

3. Information about Research at the MSM and MSW

Because MSM and MSW are teaching hospitals, some patients are involved in Clinical Research Projects. Their treatment is monitored in special ways. While you are a patient here at MSM and MSW, it is possible that assessment material and intake information relating to you as a potential subject may be used for the MSM and MSW research program. Whether or not you decide to participate in a research project is, of course up to you. Before you enrolled as a participant in any research project there will be thorough discussion with you about it and you will be given the opportunity to choose whether or not to participate. If you choose not to participate in research, there will be no effect on your care.

I object to participate in research program

Signature _____

Print Name _____

Date _____

In case of emergency, name of another person to be called

Name _____ **Relation** _____ **Phone** _____