



# RHODE ISLAND DIRECT PRIMARY CARE

*HEALTH MADE SIMPLE. CARE MADE PERSONAL.*

**Rhode Island Direct Primary Care, LLC  
1130 Ten Rod Road  
Suite E205  
North Kingstown, RI 02852**

## **General Consent for Care and Treatment**

### **Scope of this General Consent**

This document grants permission for the initial and ongoing steps required for your healthcare. By signing, you authorize your healthcare providers to perform **reasonable and necessary medical examinations, evaluations, testing, and non-invasive treatment** to identify and address any condition(s) for which you are seeking care at this practice.

- **Continuing Consent:** You intend for this consent to remain **in effect continuously**. It applies to subsequent care and treatment, even after a specific diagnosis has been made and a treatment plan has been initially recommended.
- **Location:** You consent to receiving treatment at this office and any other satellite offices under common ownership.

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### **Voluntary Consent and Revocation**

- **Voluntary Request:** You voluntarily request and consent to examination, testing, and treatment by the clinicians of Rhode Island Direct Primary Care, LLC.
  - **Duration and Revocation:** This consent remains **fully effective** until you choose to revoke it. You have the **absolute right** at any time to discontinue services or revoke this consent by providing a written notification.
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## Patient Acknowledgment and Agreement

I affirm that I have read and fully understand the statements above. I consent fully and voluntarily to the terms and contents of this **General Consent for Evaluation, Care, and Treatment**. I acknowledge that I have the right to discuss my care plan, including the purpose, risks, and benefits of any test or treatment, with my healthcare provider and am encouraged to ask questions regarding my care.

\_\_\_\_\_  
Patient Name: Printed

\_\_\_\_\_  
Patient or Designee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Name: Printed

\_\_\_\_\_  
Witness Signature

Rhode Island Direct Primary Care, LLC

\_\_\_\_\_  
Date