



## MY CONSENT TO MEDICAL CARE

Thank you for seeking care from Kootenai Health, including its hospitals, treatment centers and clinics (collectively "Kootenai"). This Consent and Acknowledgement Agreement authorizes Kootenai to provide you medical care, share your health information and receive payment for services provided. For a listing of all Kootenai locations, physicians and advanced practice professionals, please go to [kh.org](http://kh.org). Other than in the case of an emergency, you must sign this form prior to treatment.

### GENERAL CONSENTS AND ACKNOWLEDGMENTS

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information for the purposes outlin



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at the phone numbers (landline or cellular) that I have provided Kootenai or may provide in the future. I understand that I have the option to “opt out” of receiving such emails or text



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