

GENERAL CONSENT FORM

Location: _____

Signature Date: _____

I. PARTIES TO THE CONSENT:

Name of Consenter: _____

Address: _____

Phone / Email: _____

II. PURPOSE OF CONSENT:

The undersigned hereby grants voluntary and informed consent to the following activities, uses, or disclosures as described below. This consent is given freely and without coercion, understanding that it is necessary for the lawful and appropriate processing, handling, or disclosure of the consenter's personal information, medical records, or participation in specified activities or services.

III. DESCRIPTION OF ACTIVITIES OR INFORMATION TO BE USED OR DISCLOSED:

Specify here the activities, procedures, or information that the consent applies to, including but not limited to: medical treatment, participation in research, use or disclosure of protected health information, or other specified actions.

IV. DURATION OF CONSENT:

This consent shall remain in effect until revoked in writing by the Consenter, except to the extent that action has been taken in reliance upon this consent prior to such revocation.

V. CONSENTER RIGHTS:

The Consenter has the right to refuse to sign this consent, the right to revoke this consent in writing at any time, and the right to request restrictions on the use or disclosure of their information. The Consenter understands that refusal or revocation of consent may affect the provision of services or participation in activities.

VI. CONFIDENTIALITY AND PROTECTION OF INFORMATION:

All information obtained or disclosed under this consent will be handled in accordance with applicable federal and state laws, including the Health Insurance Portability and Accountability Act (HIPAA) and other privacy regulations, to protect the Confidentiality and security of the Consenter's information.

VII. LIMITATIONS ON CONSENT:

This consent does not authorize any use or disclosure of information or participation beyond what is described herein. Any other use or disclosure requires additional written consent or is subject to legal exceptions.

VIII. ACKNOWLEDGEMENTS:

The Consenter acknowledges that they have read and understand the terms of this Consent Form, had the opportunity to ask questions, and have received satisfactory answers. The Consenter further acknowledges that this consent is given voluntarily.

IX. DISCLAIMERS AND LIABILITY:

The entity obtaining this consent and its representatives shall not be liable for any damages arising from the use or disclosure authorized herein, except as prohibited by law. Nothing in this consent waives any rights or remedies available under applicable law.

X. GOVERNING LAW AND ENFORCEABILITY:

This Consent Form shall be governed by and construed in accordance with the laws of the United States of America and the applicable state laws without regard to conflict of law principles. If any provision is found invalid or unenforceable, the remaining provisions shall remain in full force and effect.

XI. SIGNATURE:

Consenter Signature: _____

Printed Name: _____

Witness Signature: _____

Printed Name of Witness: _____

CONSENTER'S SIGNATURE

WITNESS'S SIGNATURE

Signature: _____

Signature: _____

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