

REQUEST / CONSENT FOR TREATMENT OR SERVICES

(Not for use if more specific consent form is available – e.g. Consent for HCV treatment)

I, _____, TDCJ Number: _____ request and consent to the following services and treatments at the Texas Department of Criminal Justice

I understand the above documented treatment(s) or medication(s) are for the following condition(s):

I recognize that some risks to my health and well being in the form of adverse effects from the above treatment(s) and/or medications(s) may occur. Such effects have been explained to me. I understand that potential adverse outcome(s) include but are not limited to the following:

I have had the opportunity to ask questions and all of my questions have been answered to my satisfaction. I believe I have adequate knowledge on which to base informed consent to the provision of the noted treatment(s) and/or medication(s) and accept the risks involved. I understand I can choose to stop the treatment(s) / medication(s) at any time. I also understand my provider can discontinue treatment for clinical reasons. I am requesting and give my informed consent to the provision of the above treatment(s) and/or medications(s).

Signature of Inmate / TDCJ #

Date

Signature of Witness

Date