

I certify that I have read the foregoing **Consent for Treatment and Financial Agreement** and received a copy thereof. I am the patient, the patient's legal representative, or am otherwise authorized by the patient to sign the above and accept its terms on his/her behalf.

Signature: _____ Date & Time: _____
[Patient/Parent/Conservator/Guardian/Agent]

If signed by other than patient, print Legal Name: _____

Relationship to Patient: _____

Witness Signature: _____ Date: _____
[NorthBay Healthcare Representative]

The undersigned agrees to accept financial responsibility for services rendered to the patient and to accept the terms of the Financial Agreement, Assignment of Insurance Benefits, and Health Care Service Plan provisions above on his/her behalf.

Signature: _____ Date & Time: _____
[Patient/Parent/Conservator/Guardian/Agent]

If signed by other than patient, print Legal Name: _____

Relationship to Patient: _____

Witness Signature: _____ Date: _____
[NorthBay Healthcare Representative]



NORTHBAY
HEALTHCARE

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**CONSENT FOR TREATMENT AND FINANCIAL
AGREEMENT ACKNOWLEDGMENT**