



Thank you for taking the time to complete Northwestern Medicine's new Universal Consent Form. This is a required consent for treatment that allows us to:

- Provide you medical care
- Provides information on how NM may share your health information
- Grants us permission to bill your insurance and indicates you are financially responsible for services provided to you

Please review this document carefully and contact our office at **630-614-4960** with further questions. Please note we will need this completed form signed and returned to us to continue providing care. This consent is valid for one year and pertains to all Northwestern Medicine locations

A few key pieces of information:

- Modifications to this form are not allowed. You must sign and authorize all the terms and conditions as required by law. The office staff or Northwestern's Patient Relations department are happy to discuss the form in detail and answer any questions you may have. Please contact our office first and if you feel further explanation is needed you may contact NM Patient Relations at 630-933-5100

- Signature, date, time and witness are required

- To sign this on behalf of the patient you must be a power of attorney, guardian or legal appointed representative

- Opt out phone numbers:

To be removed from research opportunities registry call 630-933-6528

To be removed from philanthropic interests registry call 312-926-2033

Home Care Physicians sincerely thanks you for your cooperation

Please either return the consent form during your home visit, mail or fax the information into our office.

Home Care Physicians
1800 N Main St. 2nd floor
Wheaton, IL, 60187
Phone: 630-614-4960
Fax: 630-682-3727