CONSENT TO CARE BY PROFESSIONAL IN TRAINING

As part of our services to you, the Florida Department of Health in Duval County (DOH-Duval County) has doctors and other care professionals who provide specialized care while receiving additional training and experience. Each of these individuals is under the direct guidance of a licensed health care provider.

The care providers in training include residents (doctors who are receiving additional training), nurses, pharmacists, nutritionists, and other professionals. These professionals are not Department of Health employees, but have had experience and training in their fields before serving the community at our facilities. We request that you consent to receive the care offered by these health care professionals.

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CONSENT

I consent to receive services/care/observation by a health care professional obtaining specialized training and experience at the DOH-Duval County. The services provided will be limited to the extent of the health care professional's current license/ training. I understand that these professionals are under the direct guidance of a Department of Health licensed health care provider. Furthermore, at any time, I may limit their contact to observation by advising the provider or another staff member.

I acknowledge that this consent is valid for **one year** from the date of signature. I may revoke my consent in writing at any time.

_____ _____
Client Representative or Parent of minor

Print Name: _____ Name: _____

Date: _____ Date: _____

_____ Date: _____
Department of Health witness

CC: Client file