

Tyler Obstetrics & Gynecology, LLP

Patient Consent

Definitions: "Tyler OBGYN means Tyler Obstetrics & Gynecology, LLP. "I", "me" and "you" mean the patient. If any part of this agreement is invalid, it will not affect the validity of the remainder of the agreement. Any invalid part will be deemed reformed to comply with the law. A copy of this form shall be as effective as the original.

Consent to Treat: I hereby authorize Tyler Obstetrics & Gynecology, LLP staff, including physicians, nurse practitioners, nurses and medical assistants, of this medical office to render medical care to the patient indicated on this form and to fulfill the orders of the physicians, including consultants, associates, and assistants of the physician's choice.

The duration of this consent is indefinite and continues until revoked in writing. I understand that by not signing this consent, the patient will not be provided medical care except in a case of emergency.

Signature of Patient or Legal Guardian

Date

Authorization for Release of Information/Financial Responsibility: I hereby authorize Tyler OBGYN to release all information in my medical record for the following reasons: to other physicians for continuing professional care; for any insurance company or third party payer for the purpose of processing a claim; or otherwise allowed by law. I understand that this authorization may include release of information regarding communicable diseases, such as Acquired Immune Deficiency Syndrome ("AIDS") and Human Immunodeficiency Virus ("HIV"), and I release Tyler OBGYN from any liability for the release of this information. I understand that I am financially responsible for the total charges for services rendered which may include services not covered by my insurance companies. I agree that all amounts are due upon request and are payable to Tyler OBGYN, and further understand should my account become delinquent, I shall pay any expenses incurred by Tyler OBGYN in the collection of that account, if any.

The duration of this Authorization is indefinite and continues until revoked in writing. I understand that by not signing this release of information, I am responsible for payment of services in full before the services are rendered.

Signature of Patient or Legal Guardian

Date

Notice of Privacy Practices Acknowledgement: Tyler OBGYN is required by applicable federal and state law to maintain the privacy of your protected health information, or PHI. PHI is information about you, including demographic information, that may identify you and that relates to your past, present, and future physical or mental health conditions as related to healthcare services. **YOU WILL BE ASKED TO UPDATE YOUR HIPAA RELEASE FORMS ONCE PER YEAR AND CAN CHANGE THIS INFORMATION AT ANY TIME UPON REQUEST.** We are required to give you notice about privacy practices and your rights concerning PHI. By signing below you acknowledge that you have been given or offered the "Notice of Privacy Practices" of Tyler OBGYN.

Signature of Patient or Legal Guardian

Date

Relationship to Patient (If patient is under the age of 18 or unable to authorize consent)