



C O V I N G T O N
WOMEN'S HEALTH
S P E C I A L I S T S

4181 Hospital Drive, NE, Ste. 101 & 104 Covington, GA 30014
5154 Cook Street, Covington, GA 30014, 5165 Cook Street, Covington, GA
30014
3161 Mill Street, Covington, GA 30014
770-385-8954

Consent for treatment

I voluntarily request a physician, and/or mid level provider (Nurse Practitioner, Physician Assistant, or Clinical Nurse Specialist), and other health care providers or the designees as deemed necessary, to perform reasonable and necessary medical examination, testing and treatment for the condition which has brought me to seek care at this practice.

I understand that medicine is not an exact science and no guarantees have been made as to the results of the treatment or care rendered.

I understand that if additional testing, invasive or interventional procedures are recommended, I will be asked to read and sign additional consent forms prior to the test(s) or procedure(s).

I consent to treatment at this office or any other satellite office under common ownership. The consent will remain fully effective until it is revoked in writing. You have the right at any time to discontinue services.

I consent and authorize Covington Women's Health Specialists, LLC to use and disclose any medical information deemed necessary and without restriction. (Include but not limited to disclosures to insurance companies, their agents or other third party payors, and or government or social agencies that may or will pay for any part of the expense incurred or authorized representative of PHC, alternate care providers, including community agencies and services or otherwise permitted by law, Piedmont affiliates and contractors. Patient records will be available to PHC (Piedmont Healthcare) in compliance the provision of meaningful use.

I certify that I have read and fully understand the above statements and consent fully and voluntarily to its contents.

PRINT NAME

DATE

WITNESS

SIGNATURE