

OB/GYN ASSOCIATES OF DENTON
3537 S. 1-35 E, STE# 200
DENTON, TX 76210

GENERAL CONSENT TO TREAT

I, the undersigned, hereby consent to the following:

- Administration and performance of general treatments
- Use of prescribed medications
- Performance of diagnostic procedures/tests and cultures
- Performance of other medically accepted laboratory tests that may be considered medically necessary or advisable based on the judgment of my physician or their assigned designees.

I fully understand that this consent is given in advance of any specific diagnosis or treatment.

I intend that this consent is continuing in nature even after a specific diagnosis has been made and treatment recommended. The consent will remain in full force until revoked in writing.

A photocopy of this consent shall be considered as valid as the original.

MEDICARE PATIENTS: I authorize OB/GYN Associates of Denton to release medical information about me to the Social Security Administration or its intermediaries for my Medicare claims, I assign the benefits payable for services to OB/GYN Associates of Denton.

I acknowledge that I have been given OB/GYN Associates of Denton's Notice of Privacy Practices. I understand that if I have questions or complaints that I should contact the Privacy Official. Patient Initial _____

I, the undersigned, authorize OB/GYN Associates of Denton to use and disclose my information for the purposes of treatment, payment, and healthcare operations as described in the Notice of Privacy Practices.

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

Patient (or responsible party) Signature

Date