



PATIENT NAME	DATE OF BIRTH
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**Consent for Treatment**

- Permission is hereby given for any medical/surgical procedures or office testing, laboratory test administration of medication, physical and assessments, or exam as may be deemed necessary by the physician or other healthcare professionals as medically necessary
- I understand I have the right to see a physician if I so choose.

\_\_\_\_\_  
SIGNATURE OF PATIENT OR LEGAL GUARDIAN

\_\_\_\_\_  
DATE

**Consent to Release Medical information to a Spouse, Family Member or Significant Other:**

Tell us with whom we may discuss your protected health information:

Name	Relationship to Patient
Name	Relationship to Patient
Name	Relationship to Patient

I do not authorize any information to be released to anyone other than myself.

I give permission for you to leave medical/ appointment information for me via the following sources:

HOME PHONE	CELL PHONE
EMAIL	OTHER PHONE

**Financial Responsibility:**

I understand it is the responsibility of each patient to arrange for payment for the medical services received in this office.

I hereby authorize any insurance benefits to be paid Kidney Specialists of Georgia and recognize my responsibility to pay for all noncovered services.

I also authorize the release of any information necessary to process an insurance claim.

I hereby authorize Kidney Specialists of Georgia, or any of its affiliates, agents, contractors or business associates, to contact me (by any telephone numbers, email addresses or other contact points provided by me or on my behalf) by the use of any automatic dialing system, by pre-recorded forms of voice/messaging systems, by electronic mail owned or used by the guarantor/responsible party, by text messages, by telephone or by cell phone for reasons related to the services I received at Kidney Specialists of Georgia or payment for the services I received at Kidney Specialists of Georgia including but not limited to, debt collection purposes

\_\_\_\_\_  
Signature of Patient or Legal Guardian

\_\_\_\_\_  
Date