

OB-GYN PHYSICIANS, Inc.

A Division of Mid-Atlantic Woman's Care, PLC

Authorization and Consent

I authorize the providers of OB-GYN Physicians, Inc. to render treatment deemed necessary in his/her professional opinion. I will make every effort to comply with the recommended course of treatment.

I hereby affirm that all information provided to OB-GYN Physicians, Inc. is accurate and do authorize treatment today and all subsequent visits. I, the undersigned patient or responsible party, agree to be responsible for payment of treatment charges and I understand that insurance coverage does not relieve me of this responsibility. I will be responsible for any and all reasonable costs of collection, attorney fees, and court costs incurred in the collection of any amount due to OB-GYN Physicians, Inc.

I understand that copays are due at the time the service is rendered. I hereby authorize the release of any medical information to (1) my insurance company through which I claim benefits and (2) any physician involved in my medical care. I realize the authorization allows OB-GYN Physicians, Inc. to release any information to any of my insurers or physicians.

I understand that OB-GYN Physicians, Inc. has the right to utilize the Virginia Prescription Monitoring Program to obtain a patients prescription history and/or to verify the validity of a prescription when necessary.

I understand that Virginia Law authorizes health care providers to test patients for HIV, Hepatitis B and Hepatitis C Antibodies when a health care provider is exposed to the blood or other body fluids of a patient in a manner which may transmit these viruses. In the event of such an exposure, you will be deemed to have consented to such testing and release of test results to the health care provider who was exposed. You will be informed before your blood is tested and given the results of the tests. Positive tests will be reported to the Virginia Department of Health.

I am acknowledging that a copy of Mid-Atlantic Women's Care Privacy Notice has been made available to me pursuant to the Federal regulations known as the HIPAA rule. You can also find the Privacy Notice on our website www.ob-gyndocs.com.

Signature: _____ Date: _____

Signature: _____ Date: _____

(Responsible Party Signature (if different than patient))