

SIMMONS CLINIC
John C. Simmons, M.D.,F.A.C.S.
100 East Cahaba Ave. Linden, Al. 36748
Phone# (334) 295-0170, Fax# (334) 295-2275

Patient Consent for Treatment

I voluntarily consent to any and all health care treatment and diagnostic procedures provided by Doctors Care and its associated physicians, clinicians and other personnel. I am aware that the practice of medicine and other health care professions is not an exact science and I further state that I understand that no guarantee has been or can be made as to the results of the treatments or examinations at Doctors Care.

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I consent to the use and disclosure of my/the patient's protected health information for purposes of obtaining payment for services rendered to me/the patient, treatment and health care operations consistent with the Doctors Care Notice of Privacy Practices.

I authorize payment of medical benefits to Doctors Care physicians or their designee for services rendered. I give permission to obtain all my medication/prescription history when using an electronic system to process prescriptions for my medical treatment.

I have received a copy of the Notice of Privacy Practice, Financial Policy Notice and the Release of Information.

Yes No Initial _____

Printed Patient Name (and Guardian Name if applicable) Patient or Guardian Signature Date