

Elena Gurova, MD, PA

BOARD CERTIFIED INTERNAL MEDICINE

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CONSENT FOR TREATMENT and NOTICE OF PRIVACY PRACTICES

By signing this consent I authorize Elena Gurova, MD PA and/or other individuals she deems appropriate to perform and/or order exams, tests, procedures, and any other care deemed necessary or advisable for the diagnosis and treatment of my medical condition. This consent is valid for each visit I make to Elena Gurova, MD PA unless revoked by me orally or in writing.

Your protected health information may be used and disclosed by Elena Gurova, MD PA and the office staff involved in your care to:

- other health care professionals and institutions involved in your health care and treatment;
- any third party payor covering the medical services of the patient;
- the proponent of any legally sufficient subpoena, or in response to a court order;
- pharmacies;
- and other parties as otherwise required by law.

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described above. You may revoke this authorization, at any time, in writing, except where information has already been released.

Patient's Printed Name Date of Birth

Patient/Legal Representative Signature Date

Relationship to Patient Date

Witness Date

The following names are of people I would like to be involved in or have access to my protected health information on a routine basis. I give permission for Elena Gurova, MD PA to share my protected health information with:

Name Relationship

Name Relationship

Name Relationship