



The Woman's Clinic
Caring for Women Since 1950

CONSENT OF TREATMENT:

I give my permission to The Woman's Clinic, to administer treatment and perform necessary minor operative procedures in diagnosing and or treating my condition. I also give permission to The Woman's Clinic to retrieve my prescription history. By signing this form, I am granting consent to The Woman's Clinic, to use and disclose protected health information for the purposes of treatment, payment and health care operations. You have a legal right to review our Notice of Privacy Practices before you sign this consent and we encourage you to read it in full. (You have the right to request us to restrict how we Use and disclose your protected health information. We are not required by law to grant your request, but if we do, we are bound by our agreement. You have the right to revoke this in writing, except to the extent we already have used or disclose your protected health information in reliance of your consent.)

I agree to be personal and fully responsible for payment. In case of default I will be responsible for all cost incurred in the collection of this and future outstanding balances.

Signature: _____ Date: _____

NOTICE OF PRIVACY PRACTICES:

I have received and read how my healthcare information is being used. I will list any additional person or person's to whom I wish to review or share my medical history.

Signature: _____ Date: _____

Listed below are the additional person or person's I give permission to review or share my medical history with.

Name: _____ Relationship: _____

Name: _____ Relationship: _____



OBSTETRICS & GYNECOLOGY John R. Wooley, M.D., Barbara Davey-Sullivan, M.D., Leland D. Gebhart III, M.D., Meredith M. Travelstead, M.D., J. Holt Crews, M.D., Amanda G. Nicols, M.D., Erica M. Ory, M.D., Lauren E. Barry, M.D.
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