HARMONY HEALTH
MEDICAL

Medical Consent for Treatment

I hereby authorize and request Harmony Health Medical, to provide such medical care and administer any diagnostic and/or procedures and treatments as in the judgment of the Physician in attendance that are deemed necessary and advisable.

AUTHORIZATION FOR RELEASE OF INFORMATION FOR INSURANCE BENEFITS

I hereby authorize and direct Harmony Health Medical having treated me, to release to government agencies, insurance carriers or others, who are financially liable for my care, all information needed to substantiate payment for my care and to permit representatives thereof to examine and make copies of all records relating to such care and treatment.

Insurance company

Signature of Patient or Authorized Representative Relationship Date

INDEMNIFICATION

I understand that I am entering into a contractual relationship with Harmony Health Medical and the Physician for the professional care. I further understand that meritless and frivolous claims for medical malpractice have an adverse effect upon the cost of availability of medical care and may result in irreparable harm to the medical provider. As additional consideration for professional care provided to me by Harmony Health Medical and the Physician, I and/or my representative agree not to advance, directly or indirectly, any false, meritless, and/or frivolous claim(s) of medical malpractice against Harmony Health Medical and the Physician.

Furthermore, should a meritorious medical malpractice case or cause of action be initiated or pursued, I and/or my representative agree to use ABMS board-certified expert medical witness(es) in the same or similar specialty as the Physician. Furthermore, I agree that these expert witnesses will adhere to the guidelines and or/code of conduct defined by the specialty society(ies) for expert witnesses in the area(s) of medicine that would typically have the background and experience to opine on such a case.

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Finally, you (the patient) agree that counsel for the Physician shall have the right to be free to depose such expert witnesses at least 120 days before any scheduled trial date. In consideration for this, (the Physician) agree to the same stipulations.

Patient Name _____ Date of Birth _____

Signature _____