

“Due to the recent TORT reform our Medical Liability Insurance Company is requiring that the following statement be completed by all patients.”

“I _____ and/or my representative agree not to bring a frivolous medical malpractice case or cause of action against N.E.O. Urology Associates, Inc., or any of its physicians. Furthermore, should a meritorious medical malpractice case or cause of action be initiated or pursued, I _____ and/or my representative agree to use a(n) expert witness(es) who adhere(s) to the guidelines and/or code of conduct defined by the specialty society(s) for expert witnesses in the area(s) of medicine who would typically have the background and experience to opine on such a case. In consideration for this, I, N.E.O. Urology Associates, Inc., or all of its physicians, agree to the same stipulation.”

“If you fail to sign below indicating that you have read and agree with the above statement, we will not be able to provide treatment for you.”

SIGNATURE: _____ **DATE:** _____

NOTICE OF PRIVACY POLICIES

I have been presented with a copy of this practice’s Notice of Privacy Policies, detailing how my information may be used and disclosed as permitted under federal and state law. I understand the contents of the Notice, and I request the following restriction(s) concerning the use of my personal medical information:

I authorize the following person(s) to receive results for Laboratory and/or diagnostic test on my behalf: _____

SIGNATURE: _____ **DATE:** _____