

**MEMORIAL WOMEN'S SPECIALISTS**

**929 Gessner, Suite 2130 • Houston, Texas 77024**

**Phone: 713-935-9100**

**ADDITIONAL DISCLOSURES**

**1. AGREEMENT AS TO GOVERNING LAW AND FORUM**

The patient, including patient's representative and heirs or beneficiaries, and the health care provider, including employees and agents of health care provider, rendering or providing medical care, health care, or safety or professional or administrative services directly related to health care to patient agrees:

- A. That all health care rendered shall be governed exclusively and only by Texas law, and in no event shall the law of any other state apply to any health care rendered to patient; and
- B. In the event of a dispute, any lawsuit, action, or cause of which in any way related to the health care provided to the patient shall be brought only to a Texas court in the county/district where all or substantially all of the health care was provided or rendered, and in no event will any lawsuit, action, or cause of action ever be brought in any other state. The choice of law and forum selection provisions of this paragraph are mandatory and not permissive.

**2. PROHIBITION OF RECORDING BY PATIENTS AND VISITORS**

To ensure confidentiality and privacy, I acknowledge any type of photographic, video, audio, electronic, and/or digital recordings is strictly prohibited at any location within this office and/or during the course of patient care, regardless of location, unless otherwise specified and specifically acknowledged by the physician at that time.

**3. LAB RESULTS**

I acknowledge that if I do not receive my lab/test results in a timely fashion, it is my responsibility to notify the practice and follow up and confirm that I receive them. I will not assume the results are normal just because I haven't received them and/or been notified of them. Additionally, it is my responsibility to provide the practice with updated contact information.

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Signature of Patient                      Printed Name                      Date of Birth                      Date

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Signature of Legal Guardian (if Minor or Legal Guardianship)                      Date

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Printed Name of Legal Guardian                      Relationship to Minor