

# Consent for Purposes of Treatment, Payment and Healthcare Operations

## PATIENT CONSENT FOR TREATMENT

1. I voluntarily consent to any and all health care treatment and diagnostic procedures provided by Midwest Neurology Associates, PC and its associated physicians, clinicians and other personnel. I am aware that the practice of medicine and other health care professions is not an exact science and I further state that I understand that no guarantee has been or can be made as to the results of the treatments or examinations at Midwest Neurology Associates, P.C.
2. I agree to be contacted via email or SMS with information related to my visit, like: a patient portal invitation, post-visit satisfaction survey, appointment or checkup reminders, health tips, or new services that relate to me or my family.
3. I consent to the use and disclosure of my/the patient's protected health information for purposes of obtaining payment for services rendered to me/the patient, treatment and health care operations consistent with the Midwest Neurology Associates, P.C. Notice of Privacy Practices.
4. I authorize payment of medical benefits to Midwest Neurology Associates, P.C. physicians or their designee for services rendered.
5. I give permission to obtain all my medication/prescription history when using an electronic system to process prescriptions for my medical treatment.

I have received a copy of the Notice of Privacy Practice and Financial Policy Notice

Yes

No

Initial



Midwest Neurology  
Associates, P.C.

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