



Patient Information & Acknowledgments

At GMA, your provider and care team are your partners in health. This information helps us care for you effectively and ensures we have the appropriate permissions to support your care.

Financial Policy Agreement

I have read and understand the Glenwood Medical Associates, P.C. Financial Policy. I agree to the terms and authorize assignment of benefits for services provided, including payments from third-party insurers.

Notice of Privacy Practices

I acknowledge receipt of GMA's Notice of Privacy Practices, which describes how my health information may be used and disclosed. I understand this notice may be updated and that I may request the most current version at any time.

Electronic Communication (Email) Agreement

I have read and understand the Electronic Communication (Email) Agreement. I acknowledge the potential risks, including unauthorized access to my health information, and consent to communicate electronically with GMA providers and staff when appropriate.

Consent to Treat & Care Coordination

I consent to evaluation, diagnosis, and treatment by GMA providers and clinical staff, including examinations, diagnostic testing, therapeutic services, and other medically appropriate care.

I understand that my care may involve coordination among GMA providers, staff, and, when appropriate, outside specialists, laboratories, or healthcare facilities, and I authorize this coordination.

I consent to the use and sharing of my health information, including prescription history, through secure electronic systems for treatment, payment, and healthcare operations, in accordance with applicable laws.

- I may ask questions about my care, treatment options, risks, and alternatives
- I may refuse or withdraw consent for any treatment at any time
- No guarantees have been made regarding the outcome of my care

This consent remains in effect unless revoked in writing.

If signing for a minor or dependent, I certify that I am the legal guardian or authorized representative.

Acknowledgment & Signature

By signing below, I acknowledge that I have read and understand the information above and agree to the terms outlined.

Patient/Guardian Name (Printed): _____

Signature: _____ Date: _____