



Southtowns Asthma & Allergy Center
Luis Melgar, Physician, PC
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Luis Melgar, MD

Kathleen Ziomek, FNP

GENERAL CONSENT FOR TREATMENT

I request and authorize health care services by my provider and his/her designee(s) as my provider may deem advisable and in my best interest. This may include routine diagnostic, radiology and laboratory procedures and medication administration.

I understand that excluding emergency or extraordinary circumstances, no substantial procedure will be performed without providing me an opportunity to give informed consent for that procedure. Informed consent means the medical provide must disclose information to me including expected benefits and risks of a particular procedure and/or treatment. this understanding includes that no research or experimental procedures may be done without my knowledge and consent.

I hereby release the Physician, Nurse Practitioners, Physician Assistants and staff from liability associated with my care received from Luis Melgar, Physician, PC.

Release of Medical Information:

This form has been fully explained to me, and I understand its content and significance. I consent to Southtowns Asthma & Allergy Cent's/Luis Melgar, Physician, PC's use of my health information related to the medical services provided for the following purposes: my treatment, obtaining payment for the medical services and for health care operations of Southtowns Asthma & Allergy Center/Luis Melgar, Physician, PC or other treating providers, all as permitted under federal and state laws and regulations.

Payment:

I assign and authorize payment, for any and all services rendered, directly to Southtowns Asthma & Allergy Center/Luis Melgar, Physician, PC from my insurance company or third party payer including, but not limited to, Medicare, Medicaid, commercial health insurance, automobile no-fault insurance and workers disability compensation insurance.

In consideration of the health care service provided to me, I agree to pay all charges not covered by my insurance or any applicable health benefit including, but not limited to, deductibles, co-payments and non-covered services.

Privacy Practices and Patients Rights and Responsibilities:

Southtowns Asthma & Allergy Center/Luis Melgar, Physician, PC's "Joint Notice of Health Information Practices" ("Notice") provides information about how health information about patients may be used and disclosed,. I, the patient, or his/her legal representative, acknowledges that I have been offered an opportunity to review the notice before signing this form. I, the patient, or his/her legal representative, so acknowledge that I have received a copy of the "Patients Rights and Responsibilities" before signing this form.