

WOMEN'S HEALTHCARE PARTNERS

CONSENT FOR HEALTH SERVICES

I voluntarily consent to the rendering of care, which may consist of screening, examination, lab tests, diagnostic, and monitoring procedures, medical treatment, medications and other preventative health measures provided by my physician and employees of Dr. Elizabeth Ottman, as deemed necessary or beneficial. In accordance with KRS 214.625, I understand that this consent permits me, as the patient, to be tested for human immunodeficiency virus (HIV) infection, Hepatitis B, or any other bloodborne infectious disease as the physician orders the test(s). The results of such tests or procedures shall be used only for diagnostic purposes directly related to medical treatment, or in the event of a healthcare worker that is directly exposed to my blood, body fluids, or tissue.

I also understand that no test(s) will be done without my knowledge and that I must come into the office to receive HIV test results, and that the test results will be kept confidential, to the extent permitted by law.

Patient signature: _____ Date: _____