

**George Nunez, Jr., MD, PA**

201 Kingwood Medical Drive, Suite B-600  
Kingwood, Texas 77339  
281-358-3702 office  
281-348-9510 fax

**Consent for Contact**

List persons who are involved in your care (family, friends, other doctors, etc.) whom we may inquire about your treatment, diagnosis, hospitalizations, lab results, prescriptions, billing and insurance, etc. Please let us know what person we may share information with (Please note: In emergency situations outlined in our notice of privacy, we may share information with others who are not specifically listed below.)

Please list those person(s) with whom we may share your information.

- 1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_
- 2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

May we leave a message for you on an answering machine, voicemail, or with another individual in your absence?  Yes  No

Please list your pharmacy and number: \_\_\_\_\_

**Consent for Release of Information for Treatment, Payment and Healthcare Options**

I, \_\_\_\_\_, hereby authorize George Nunez, Jr., MD, PA to use and/ disclose my health information which specifically identifies me or which can reasonably be used to identify me to carry out my treatment, payment and healthcare operations. I understand that while this consent is voluntary, if I refuse to sign this consent, George Nunez, Jr., MD, PA can refuse to treat me.

I have been informed that George Nunez, Jr., MD, PA has prepared a notice (HIPAA notice), which more fully describes the uses and disclosures that can be made of my individually identifiable health information for treatment, payment and healthcare operations. I understand that I have the right to review such notice prior to signing this consent.

I understand that I may revoke this consent at any time by notifying George Nunez, Jr., MD, PA in writing, but if I revoke my consent, such revocation will not affect any actions that George Nunez, Jr., MD, PA took before receiving my revocation.

I understand that George Nunez, Jr., MD, PA has reserved the right to change his privacy practices and I can obtain such changed notice upon request. I understand that I have the right to request that George Nunez, Jr., MD, PA restricts how my individually identifiable health information is used and/or disclosed to carry out treatment, payment or health operations. I understand that George Nunez, Jr., MD, PA does not have to agree to such restrictions, but that once such restrictions are agreed to, George Nunez, Jr., MD, PA must adhere to such restrictions.

**Financial Disclosure**

George Nunez, Jr., MD, PA indirectly owns an ownership interest in Kingwood Surgical Center LLC (DBA Humble Endoscopy Center-HKEC). Their services are utilized at the above center where Dr. Nunez may refer you for endoscopy services. If you wish to receive endoscopy services at Kingwood Medical Center Hospital, please let us know. I welcome your comment regarding the quality of care provided to you at Humble Kingwood Endoscopy Center (HKEC).

Printed name: \_\_\_\_\_ Signature: \_\_\_\_\_

Signature of patient representative listed above: \_\_\_\_\_ Date: \_\_\_\_\_