

Patient Release Form

All information provided is intended for educational purposes only. Medical diagnosis, treatment, advice nor prescribing of medication is provided from this office by the Nurse Practitioner. It is the continual responsibility of the patient to provide pertinent, up to date and accurate health information. It is also the continual responsibility of the patient to inform the Nurse Practitioner of any changes that occur during service to the patient. Please visit your primary health care provider for diagnosis and treatment of any medical conditions, if you have not already done so.

Services rendered are payable at the time of service.

Release of Liability: I understand and agree that all services as provided by the Nurse Practitioner are provided pursuant to and in accordance with the guidelines set forth by the Georgia Board of Nursing and that accurate and complete medical history disclosure is essential in providing such therapy. I acknowledge that all services provided are not intended to diagnose, cure or treat any disease. I have read this information completely and have been given the opportunity to ask pertinent questions. I also understand that all information provided is kept under protection of professional confidence and privacy. By signing this release I hereby declare that I have provided New Genesis Center with all relevant and accurate information necessary for proper delivery of services. I also agree to hold harmless, release and indemnify New Genesis Center, **Patrice Bullock, MSN, FNP** and **Blakely Morris, RN**. I expressly give my permission for New Genesis Center to provide nutritional and lifestyle interview, service and counsel.

Signature

Date

