Barry S. Rothman, M.D., F.A.C.O.G.
Alice M. McKnight, M.D., F.A.C.O.G.
Marc E. Siegel, M.D., F.A.C.O.G.
Sonia J. Salgado, M.D., F.A.C.O.G.
Kristina K. Hibshman, M.D., F.A.C.O.G.

1500 N Beauregard Street, Suite 100
Alexandria, Virginia 22311
Phone (703) 370-0400
Fax (703) 370-2843

OBSTETRICS*GYNECOLOGY*INFERTILITY

INSURANCE DISCLAIMER:

I hereby authorize Physicians for Women/ GW MFA (George Washington Medical Faculty Associates) to apply for benefits on my behalf for services rendered to me. To release any necessary information needed to determine these benefits payable for related services to my insurance carrier or Medicare or its agents. I understand that I may be responsible for any balances not covered by my insurance.

GW Medical Faculty Associates Tax Identification #: 52-2220700

_____ _____
Signature Date

_____
Printed Name

_____ _____
Witness (if applicable)/Print Name Date

Virginia Code 32.1-45.1. Deemed consent to testing and release of test results related to infection with human immunodeficiency viruses or hepatitis B and C viruses.

A. Whenever any health care provider, or any person employed by or under the direction and control of a health care provider, is directly exposed to body fluids of a patient in a manner that may, according to the then current guidelines of the Centers for Disease Control and Prevention, transmit human immunodeficiency virus or Hepatitis B or C viruses, the patient whose body fluids were involved in the exposure shall be deemed to have consented to testing for infection with human immunodeficiency virus or hepatitis B or C viruses. Such patient shall also be deemed to have consented to the release of such test results to the person who was exposed. In other than emergency situations, it shall be the responsibility of the health care provider to inform patients of this provision prior to providing them with health care services which create a risk of such exposure.

(1989, c, 613;1993, c. 315;1994, cc. 230, 236;1997, c. 869;2003, c. 1;2008, cc. 191, 339;2009, cc. 96, 478, 552, 813, 840.)

Patient Name: Printed_____MRN#_____

Patient Signature: _____