

The Medical Center of Elberton, LLP
Authorization of Consent for Treatment

I hereby authorize and consent to be treated by The Medical Center of Elberton, LLP physicians and staff. The undersigned consents to any X-Ray, examination, laboratory procedures, anesthesia, minor surgical procedures or any medical services rendered under the general or specific instructions of The Medical Center of Elberton, LLP physicians. The undersigned recognizes that some persons furnishing professional medical services, including but not limited to radiology and pathology, may be independent contractors and not employees or agents of The Medical Center of Elberton, LLP.

Age of Consent Where Minors are involved, the following shall prevail:

- 1) The consent of parent or legal guardian if patient is unmarried and has not yet attained the age of 18.
- 2) If a patient under 18 years of age is married, or has been married and such marriage has been dissolved by dissolution or annulment, then the consent of a parent or legal guardian is not required.
- 3) Georgia State Statute O.C.G.A. 31-9-2, that any female, regardless of age, or marital status, may consent to treatment in connection with pregnancy, prevention of pregnancy, or childbirth without consent of a parent or legal guardian.
- 4) Georgia State Statute O.C.G.A. 31-17-7 provides that a minor can receive treatment for venereal disease without parental consent being required.
- 5) Georgia State Statute O.C.G.A. 37-7-8 provides that a minor may receive treatment for drug abuse without parental consent being required.

The undersigned hereby acknowledges that he or she has read and fully understands the foregoing, and has voluntarily executed this document. The undersigned further acknowledges that he or she is the patient, or is duly authorized by and on behalf of the patient to execute this document and accepts its terms personally and upon the patient's behalf.

Signature _____

Date _____