



## Consent to Treatment

I \_\_\_\_\_ (Print or type name) \_\_\_\_\_ DOB \_\_\_\_\_  
consent to the provision of health and related health care services. I understand that this care may include medical treatment, special tests, exams, evaluation, treatment and rehabilitation of conditions or injuries. I Acknowledge that no guarantees have been given to me as to the outcome of any examination or treatment and all results of any examinations and/or treatment are kept confidential

I understand and agree that other health care professionals may assist or participate in providing care to me.

I understand that I have received a Nyota Medical Footcare, PLLC Notice of privacy Practices document and I give Nyota Medical Footcare, PLLC and its designees permission to use my information as described in the Nyota Medical Footcare, PLLC Notice of Privacy Practices.

## Consent to Call, Email & Text

I understand and agree that Nyota Medical Footcare, PLLC may contact me using automated calls, emails and/or text messaging sent to my landline and/or mobile device.

These communications may notify me of preventative care, test results, treatment recommendations, outstanding balances, or any other communications from Nyota Medical Footcare, PLLC. I understand that I may optout of receiving such communications from Nyota Medical Footcare, PLLC and its partners by notifying Nyota Medical Footcare, PLLC at [privacy@nyotamedicalfootcare.com](mailto:privacy@nyotamedicalfootcare.com), by informing my provider's staff

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date