



ADDITIONAL CONSENT REGARDING SERVICES PERFORMED IN TEXAS

I understand that the physicians and other clinical staff employed by Covenant Medical Group ("CMG") and FamilyFirst Healthcare ("FFHC") are licensed by the state of Texas, and that the medical services provided to me by CMG/FFHC and its affiliated health care providers will be rendered in Texas. As such, I agree that the relationship between myself and CMG/FFHC (inclusive of its affiliated physicians and other health care providers) for care provided in Texas will be governed by Texas laws without regard for conflicts of laws principles. I also agree that any lawsuit or other dispute arising from or related to medical care I receive from CMG/FFHC and/or its affiliated physicians or other health care providers will be brought only in an appropriate court located in Lubbock County, Texas.

The above authorized information will apply to all Covenant Medical Group/FamilyFirst Healthcare providers and remains in effect until additional notice or changes are made by the patient.

Relationship to Patient: Self Child Dependent Other: _____

Printed Name Birthdate Signature Date

Printed Name of Witness Signature of Witness Date