

LILIYA GERSHENGOREN M.D.

Liliya Gershengoren MD, MPH
Email: gershengorenMD@gmail.com
Tel: 908-840-8814
Website: DrGershengoren.com

CONSENT FOR TREATMENT

I am an independently practicing professional and I am completely independent in providing you with clinical services and I alone am fully responsible for those services. My professional records are separately maintained and no one else can have access to them without your specific, written permission.

The undersigned patient consents to, and authorizes services, by Liliya Gershengoren, M.D. These services may include psychotherapy, medication therapy, laboratory tests, diagnostic procedures and other appropriate alternative therapies.

The undersigned understands that he/she has the right to:

1. Be informed of and participate in the selection of treatment modalities.
2. Receive a copy of this consent.
3. Withdraw this consent at any time.

Signature of Patient

Date Signed