THE BRAIN CENTER



5605 Princeton Ave. Ste A, Columbus, GA 31904 • Office: (706) 221-0112 Fax: (706) 221-0114

Legal Disputes

I understand that **The Brain Center** will not get involved in legal disputes, to include but not limited to, marriage disputes, personal injury cases and child custody cases. Additionally, I understand that I must disclose any previous legal disputes that are ongoing at the time that I (or my child) become a patient at **The Brain Center**. Furthermore, should any legal dispute(s) arise while I am receiving services at **The Brain Center**; I agree to notify the office personnel in a timely manner. In the event that any legal disputes arise while I am a patient at **The Brain Center**, I understand that **The Brain Center**, will not get involved and will not provide services/reports for legal reasons due to this being a medical facility and not a legal office.

The information above has been presented to me by **The Brain Center**. I was given the opportunity to ask questions regarding these policies and procedures. My signature below indicates my agreement to abide by these policies and procedures at all times.

Please chec	ek on of the following and then sign below.	
()	Yes, I do have a current pending legal dispute.	
()	No, I do not have a current pending legal dispute.	
Signature o	of Patient (or Patient's Parent/Guardian)	