

Jurisdiction Waiver for Patients Living Out of State

Please initial the following statements if you agree:

____ I recognize that I have a choice when it comes to healthcare. I have made the decision to come to Lubbock, Texas to see Dr. Castellon, rather than seeing a different physician in my home state.

____ At no point has Dr. Castellon provided medical services outside of his office or the hospital in Lubbock, Texas (surgery, consultation, follow-up visit).

Governing Law. It is agreed that the healthcare provided by this practice is governed by, construed and interpreted according to the laws on the State of Texas. In the event of a dispute, venue shall be in Lubbock County, Texas, where the services were provided. This includes, but is not limited to, a “healthcare liability claim” as defined in Tex. Civ. Prac. & Rem. Code Ann, Sec. 73.001(a)(13).

This agreement is hereby signed voluntarily and without coercion or outside influence. I understand that I am waiving my rights to file any claims in my home state regarding the care received by Dr. Castellon, his staff, or the hospital, all of which are in Lubbock, Texas.

Patient signature

Date

Witness

Date