

**KV Medical of NY, PC**

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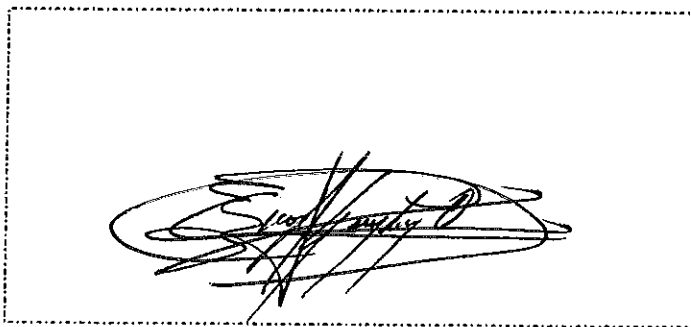
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**NF Forms**

Date:

I, CEGAR GONZALEZ, hereby authorize KV Medical of NY, PC to use my signature as signed below for the following documents:

1. NY Motor Vehicle No-Fault AOB Form
2. NYS Form NF-2
3. NYS Form NF-3
4. Consent to use and Disclosure of Health Information form
5. Informed Consent form
6. Fee Guarantee Agreement
7. HIPAA (OCA official Form NO.: 960)



(Please sign in the middle of the box with a black pen)