Exclusive Forum Selection and Choice of Law Agreement

Bagshahi Bariatric and General Surgery

Hossein Bagshahi, MD

_____ ___/___/_____

Patient Name (Please print) **Patient DOB**

By signing this form (the "Agreement"), I, as the above named patient or representative or representative of the of the above-named, patient, agree to all of the following on behalf of the above-named patient and all of that patient's heirs and beneficiaries:

1. I agree that all health care rendered (or not rendered) to the patient named above by the health care provider named above, including all employees, contractors, and representatives of the health care provider, shall be governed exclusively by Texas law, and not by the law of any other state or any foreign nation. In no event shall the law of any other state or any foreign nation apply to the health care rendered (or not rendered) to the patient named above.

2. I agree that any dispute, lawsuit, cause of action, or other claim that relates in any way to the health care rendered (or not rendered) to the patient named above shall be brought only in a Texas court in the county or district in which all or substantially all of the health care services were rendered (or should have been rendered).

3. I agree not to file in the courts of any other state any dispute, lawsuit, cause of action, or other claim that relates to the health care rendered (or not rendered) to the patient named above.

4. I understand that this Agreement applies to all claims arising out of or relating to the health care rendered (or not rendered) to the patient named above by the health care care provider named above including all employees, contractors, and representatives of the health care provider, whether the claim is brought by me or by someone else.

5. I understand that the choice of law and forum selection provisions of this Agreement are mandatory, not permissive.

_____ ____/__/___

Patient Signature (or Signature of Person Completing Form if Not Patient*) Date:

*Relationship to patient: ☐ Parent ☐ Legal Guardian ☐ Other:_____

_____

Witness Signature