

Johns Creek Surgery, P.C.

PATIENT CONSENT FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

I hereby give my consent for Johns Creek Surgery, P.C. to use and disclose protected health information (PHI) about me to carry out Treatment, Payment, or healthcare Operations (TPO). Johns Creek Surgery, P.C.'s Notice of Privacy Practices provides a more complete description of such uses and disclosures.

I have the right to review the Notice of Privacy Practices prior to signing this consent. Johns Creek Surgery, P.C. reserves the right to revise its Notice of Privacy Practices at anytime. A revised Notice of Private Practices may be obtained by forwarding a written request to:

Johns Creek Surgery, P.C.
Attn: Privacy Officer
6920 McGinnis Ferry Rd.
Suite 340
Suwanee, GA 30024

With this consent, Johns Creek Surgery, P.C. may call my home or other alternative location and leave a message on voicemail or in person in reference to any items that assist the practice in carrying out healthcare operations, including laboratory results among others.

With this consent, Johns Creek Surgery, P.C. may mail or e-mail to my home or other alternative location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements.

I have the right to request that Johns Creek Surgery, P.C. restrict how it uses or discloses my PHI to carry out TPO. However, the practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement.

By signing this form, I am consenting to Johns Creek Surgery, P.C.'s use and disclosure of my PHI to carry out TPO.

I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this consent, or later revoke it, Johns Creek Surgery, P.C. may decline to provide treatment to me.

Signature of Patient or Legal Guardian

Patient Printed Name

Date