

Orthopedic Surgery, P.C.

PATIENT CONSENT FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

I hereby give my consent for Orthopedic Surgery, P.C. to use and disclose protected health information (PHI) about me to carry out treatment, payment and healthcare operations (TPO). Orthopedic 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. Orthopedic Surgery, P.C. reserves the right to revise its Notice of Privacy Practices at anytime. A revised Notice of Privacy Practices may be obtained by forwarding a written request to Orthopedic Surgery, P.C.'s Privacy Officer at 4055 Johns Creek Parkway, Suite A, Suwanee, Georgia 30024.

With this consent, Orthopedic Surgery, P.C. may call my home or other alternative location and leave a message on voice mail or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, insurance items and any calls pertaining to my clinical care.

With this consent, Orthopedic Surgery, P.C. may mail to my home or other alternative location any items that assist the practice in carrying out TPO, such as patient statements as long as they are marked Personal and Confidential.

With this consent, Orthopedic Surgery, P.C. may e-mail to my home or other alternative location any items that assist the practice in carrying out TPO, such as responses to my e-mail messages.

I have the right to request that Orthopedic 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 Orthopedic 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, Orthopedic Surgery, P.C. may decline to provide treatment to me.

Patient's Name

Date

Print Name of Patient or Legal Guardian

Signature of Patient or Legal Guardian