

NORTHWEST GEORGIA MEDICAL CLINIC, P.C.

PATIENT CONSENT FORM

Patient CONSENT for Use /Disclosure of Health Care Information

Patient's Name: _____ Date of Birth: _____

Previous Name: _____

I understand that the patient's health information is private and confidential. I understand that Northwest Georgia Medical Clinic works very hard to protect the patient's privacy and preserve the confidentiality of the patient's personal health information.

I understand that Northwest Georgia Medical Clinic may use and disclose the patient's personal health information to help provide health care to the patient, to handle billing and payment, and to take care of other health care operations. (In general, there will be no other uses and disclosures of this information unless I permit it. I understand that sometimes the law may require the release of this information without my permission. These situations are very unusual. One example would be if a patient threatened to hurt someone.)

Northwest Georgia Medical Clinic has a detailed document called the "Notice of Privacy Practices". It contains more information about the policies and practices protecting the patient's privacy. I understand that I have the right to read the "Notice" before signing this agreement.

Northwest Georgia Medical Clinic may update this "Notice of Privacy Practices". If I ask, Northwest Georgia Medical Clinic will provide me with the most current "Notice of Privacy Practices".

Under the terms of this consent, I can ask Northwest Georgia Medical Clinic to limit how the patient's personal health information is used or disclosed to carry out treatment, payment or health care operations. I understand that Northwest Georgia Medical Clinic does not have to agree to my request. If Northwest Georgia Medical Clinic does agree to my request, I understand that Northwest Georgia Medical Clinic would follow the agreed limits.

I may cancel this consent in writing at any time by doing one of the following:

1. Signing and dating a form that Northwest Georgia Medical Clinic can give me called "Revocation of Consent for Use and Disclosure of Health Care Information"; or
2. Writing, signing, and dating a letter to Northwest Georgia Medical Clinic. If I write a letter, it must say that I want to revoke my consent to authorize the use and disclosure of the patient's personal health information for treatment, payment, and health care operations.

If I revoke this consent, Northwest Georgia Medical Clinic does not have to provide any further health care services to the patient.

My signature below indicates that I have been given the chance to review a copy of Northwest Georgia Medical Clinic's "Notice of Privacy Practices". My signature means that I agree to allow Northwest Georgia Medical Clinic to use and disclose the patient's personal health information to carry out treatment, payment, and health care operations.

Patient or legally authorized individual signature

Date

Time

Relationship to patient if signed by anyone other than the patient (parent, legal guardian, personal representative, etc.)



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