

LAUREATE MEDICAL GROUP, PC

PATIENT CONSENT FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION (PHI)

I hereby give my consent for Laureate Medical Group, PC to use and disclose protected health information (PHI) about me to carry out treatment, payment and healthcare operations (TPO). (Laureate Medical Group, PC’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. Laureate Medical Group, PC 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:

Laureate Medical Group, PC
Katrin King, Privacy Official
550 Peachtree Street
Suite 1550
Atlanta, GA 30308

With this consent, Laureate Medical Group, PC 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, including laboratory results among others.

With this consent, Laureate Medical Group, PC may mail to my home or other alternative location any items that assist the practice in carrying out TPO, such as letters and patient statements.

With this consent, Laureate Medical Group, PC may send e-mails to my home or other alternative location utilizing MyLaureate, our web based patient portal which assists the practice in carrying out TPO.

I have the right to request that Laureate Medical Group, PC 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 Laureate Medical Group, PC’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, Laureate Medical Group, PC may decline to provide treatment to me.

**Restrictions on disclosure are below:
(OPTIONAL)** _____

Signature of Patient or Legal Guardian

Date

Print Name of Patient or Legal Guardian

Alpharetta
3400 Old Milton Pkwy.
Suite 500
Alpharetta, GA 30005

Midtown
550 Peachtree St.
Suite 1550
Atlanta, GA 30308

Spivey Station
7823 Spivey Station Blvd.
Suite 310
Jonesboro, GA 30236

Sandy Springs
5673 Peachtree Dunwoody Rd.
Suite 775
Atlanta, GA 30342