LAUREATE MEDICAL GROUP
Medical Excellence. Compassionate Care.
AN AFFILIATE OF NORTHSIDE HOSPITAL

Laureate Medical Group at Northside
Consent to Communicate Health Information

Name of Patient: _____ Phone #: _____

Address: _____ Patient's Date of Birth: _____

_____

As a patient, you may designate a spouse, family members, friends, or other persons with whom Laureate and Northside can communicate about your health care status. This form is not required in all circumstances for your doctor or others at Laureate and Northside to be able to communicate with your family about your health care. However, by designating certain individuals who you want to be informed about your care on this form, you can ensure that your provider can communicate without delay with those people you have designated below.

I, _____, consent to have my health information and care discussed with the following people:

First and	Relationship:

I understand that this Consent can be revoked by submitting a written request to the Laureate Office Manager. I understand that I have the right to revoke this Consent in writing at any time except to the extent that action has already been taken in reliance on it. This Consent shall remain until the date I revoke it in writing.

_____ _____
Signature of Patient or Legal representative Print name:

_____ _____
Date Relationship to patient:

_____
Interpreter (if applicable) Reason patient unable to sign: _____

Note to staff: If telephone interpretation provided,
record name of company and interpreter ID number.

Please complete this form and return it to the Practice Manager.

FOR INTERNAL PURPOSES ONLY:

Date Request Received: _____

3400C Old Milton Pkwy, Suite 500
Alpharetta, GA 30005
678-775-2284
Fax: 678-775-2285

1121 Johnson Ferry Rd
Building 1, Suite320
Marietta, GA 30068
678-718-2940
Fax: 678-718-2941

7823 Spivey Station Blvd, Suite 310
Jonesboro, GA 30236
770-996-1122
Fax: 770-907-1429

550 Peachtree St, NE
Suite 1550
Atlanta, Georgia 30308
404-892-2131
Fax: 404-215-9222

6135 Barfield Road
Suite 200
Atlanta, Georgia 30328
404-256-8500
Fax: 404-256-8506

684 Sixes Road
Suite 265
Holly Springs, GA 30115
770-720-2221
Fax: 770-720-2282