



**Laureate Medical Group at Northside
Consent to Communicate Health Information**

Name of Patient: _____
Address: _____

Phone #: _____
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 Last Name	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

Date

Interpreter (if applicable)

Print name:

Relationship to patient:

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: _____

Alpharetta
3400-C Old Milton Parkway, Suite 500
Alpharetta, Georgia 30005

Canton
460 Northside Cherokee Blvd., Suite 170
Canton, Georgia 30115

East Cobb
4800 Olde Towne Parkway, Suite 400
Marietta, Georgia 30068

Forsyth
2000 Howard Farm Drive, Suite 400
Cumming, GA 30041

Holly Springs
684 Sixes Road, Suite 265
Holly Springs, Georgia 30115

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

Midtown
1110 W. Peachtree Street NW, Suite 1100
Atlanta, Georgia 30309

Sandy Springs
6135 Barfield Road NE, Suite 200
Atlanta, Georgia 30328