

Privacy Consent

Athens Regional Physician Group

Patient name

date of birth

Our Notice of Privacy Practice (NPP) states we may disclose your protected health information (PHI) to others who are involved in your care, such as spouse, children, parents, caregivers or others.

Please complete either Section A or B:

A) List anyone you would authorize us to share or discuss your PHI. This could include medical treatment, diagnosis or releasing of records.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

B) If you do not wish for us to disclose your PHI to anyone, please initial here. _____

Your right to limit uses of PHI for treatment, payment or operations (TPO):

Under the terms of the NPP, you can ask ARPG to limit how your personal health information is used or disclosed to carry out treatment, payment or operations. Only the Athens Regional Health Services Privacy Officer is authorized to agree to limitations on the use of your PHI for TPO. The Privacy Officer does not have to agree to your request. If you wish to RESTRICT the use/disclosure for TPO, please request the Restriction Request Form or make your request in writing to the Privacy Officer, Athens Regional Health Services, 1199 Prince Avenue, Athens, GA 30606-2793. In your written request, you must tell us 1) what information you want to limit; 2) whether you want to limit our use, disclosure or both; and 3) to whom you want the limits to apply, for example: disclosures to your adult children. Privacy Officer may be reached at (706)475-5798 or (706)475-4369.

You may change or revoke this consent at any time by completing a new form or sending us a letter.

Patient signature

Date

Relationship if other than patient