



# AGC Pediatrics, LLC

## CONSENT FOR USE / DISCLOSURE OF HEALTH INFORMATION

Patient Name \_\_\_\_\_

Patient Birth Date: \_\_\_\_\_ MRN \_\_\_\_\_

### Notice of Patient:

By signing this form, you grant us consent to use and disclose your protected health care information for the purposes of **treatment**, various activities associated with **payment** and **health care operations**. Our **Notice of Privacy Practices** provides more detail on our treatment, payment activities and health care operations. If there is not a copy of the Notice accompanying this Consent form, please ask for one. We encourage you to read it since it provides details on how information about you may be used and /or disclosed and describes certain rights you have regarding your health care information.

As stated in our **Notice of Privacy Practices**, we reserve the right to change our privacy practices. If we should do so, we will issue a revised Notice. Since revision may apply to your health care information, you have a right to receive a copy by contacting our Privacy Officer.

You have the right to revoke your Consent by giving written notice to our Privacy Officer. The revocation will not affect actions that were already taken in reliance upon this Consent. You should also understand that if you revoke this Consent we may decline to treat you.

You are entitled to a copy of the **Consent Form** after you have signed it.

I, \_\_\_\_\_, have read the contents of this Consent Form and the Notice Privacy Practices. I understand that I am giving you my consent to use and disclose my health care information to carry out treatment, payment activities and health care operations.

\_\_\_\_\_  
Patient's Signature or Signature of Patient's Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Patient's Representative

\_\_\_\_\_  
Relationship to Patient

Our Privacy Officer can be contacted as follows:

**Rhonda Jordon**  
204 Professional Court SE  
Calhoun, GA 30701  
Phone: 706-625-5900 Fax: 866-751-8064 email: [rjordon@agcpediatrics.com](mailto:rjordon@agcpediatrics.com)

### HIPPA CONSENT FOR USE / DISCLOSURE of HEALTH INFORMATION

This form does not constitute legal advice and covers only federal, not state, laws.