



Patient Consent Form  
Effective January 2008

By signing this Consent Form, you give us the permission to use and disclose protected health information about you, for treatment, payment, and healthcare operations (TPO) except for any restrictions specified in the Form to Request Restrictions. *Protected health information* is individually identifiable information we create or receive, including demographic information relating to your physical or mental health to provision of healthcare services to you and to the collection of payment for providing healthcare services to you.

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. You have the right to receive a copy of our Notice of Privacy Practices before signing this Consent Form. As provided in our Notice, the terms of the Notice of Privacy Practices may change. If we change our Notice, you may obtain a revised copy by contacting our Privacy Officer Nancy Smith, at 770-237-3475, who is also available to respond to any questions or receive any complaints you may have concerning your protected health information. You may also ask for a revised copy at your next appointment or by accessing our website at [www.sportsmedsouth.com](http://www.sportsmedsouth.com).

You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment, or healthcare operations. We are not required to agree to any restrictions, but if we do, we are bound by our agreement. If you wish to make a restriction, please request a copy of our [Form to Request Restrictions](#).

With this Consent, Sports Medicine South, LLC may mail to your home or other alternative locations and leave a message on voicemail or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements as long as long as they are marked Personal and Confidential.

If you do not sign this Consent Form, we have the right to refuse you treatment unless a licensed healthcare professional has determined that you require emergency treatment or we are required by law to treat you. We are required to document any circumstances in which we do not obtain your consent, yet carry out treatment. We will offer you a copy of this documentation should you decide not to sign the Consent Form.

You have the right to revoke this Consent in writing except where we have already made disclosures in reliance on your prior consent. You may request to use our Authorization for Release of Information Form for purposes of requesting you revocation, or simply send us a letter in writing.

I **do** accept this Policy

I **do not** accept this policy

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Patient or Legal Guardian

\_\_\_\_\_  
Date

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