ATLANTA NEUROLOGY, P.C.

PATIENT CONSENT FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

I hereby give my consent for Atlanta Neurology to use and disclose protected health information (PHI) about me to carry out treatment, payment, and health care operations (TPO). Atlanta Neurology's Notice of Privacy Practices provides a complete description of such uses and disclosures.

I have the right to review the Notice of Privacy Practices prior to signing this consent. I understand that the privacy practices described in the Notice of Privacy Practices may change over time, and that I have the right to obtain any revised Privacy Notice, if requested.

I hereby give my consent for Atlanta Neurology to call or mail me at my home or other alternative location, to leave a message on voice mail, and to e-mail me at the address provided by me in reference to any items that assist the Practice in carrying out TPO, such as appointment reminders, insurance items, and matters pertaining to my clinical care, such as laboratory results.

I understand that I have the right to request that Atlanta Neurology restrict how my health information is used or disclosed. Atlanta Neurology does not have to agree to my request for the restriction; but, if it does agree, the Practice is bound to abide by the restriction as agreed.

Finally, I agree that I have the right to revoke this consent, in writing, at any time. My revocation will be effective except to the extent Atlanta Neurology has already made disclosures in reliance upon my prior consent.

_____ _____

Signature of Patient or Legal Guardian *Date*

_____

Patient's Name

I give my consent for my physician and his staff with Atlanta Neurology to discuss my medical condition, treatment, test results, or any other pertinent information regarding my care with the following person(s) (*i.e.*, spouse, relative, friend, primary care physician, legal guardian):

List of names and relationship to patient:

_____

_____

_____ _____

Patient Signature *Date*

To be maintained in Patient's permanent medical record.