

Starr's Mill Internal Medicine
1330 Highway 74, South
Fayetteville, GA 30215

PATIENT CONSENT FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

I hereby give my consent for Starr's Mill Internal Medicine/Anthony F. Lawson, MD, PC to use and disclose protected health information (PHI) about me to carry out treatment, payment, and health care operations (TPO) as described in full Notice of Privacy Practices. Starr's Mill Internal Medicine reserves the right to revise these practices at any time. A revised Notice of Privacy Practice may be obtained by written request to the office privacy officer.

This consent allows Starr's Mill Internal Medicine/Anthony F. Lawson MD,PC to call my home or other alternative location and leave a message on a voice mail or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, insurance items, and any calls pertaining to my clinical care including laboratory and test results among others.

This consent allows Starr's Mill Internal Medicine/Anthony F. Lawson, MD,PC to mail to my home or other alternative location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements as long as they are marked personal and confidential.

This consent allows Starr's Mill Internal Medicine/Anthony F. Lawson, MD,PC to e-mail my home, or other alternative location any items that assist the practice in carrying out TPO such as appointment reminder cards and patient statements. I have the right to request that Starr's Mill Internal Medicine restrict how it uses or discloses my PHI to carry out TPO. However, the practice is not required to agree to my requested restrictions. If the practice does agree it is bound by this agreement.

By signing this form, I am consenting to Starr's Mill Internal Medicine's/ Anthony F. Lawson, MD, PC use and disclosure of my PHI to carry out TPO.

I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this consent, change the consent, or later revoke it, Starr's Mill Internal Medicine/Anthony F. Lawson, MD,PC may decline to provide treatment to me.

Signature of Patient or Legal Guardian

Print Name of Patient or Legal Guardian