Plastic Surgery Center of the South

Corey Harkins, M.D.

Consent for Use and Disclosure of Health Information

By signing this form, you are granting consent to Plastic Surgery Center of the South and physicians to use and disclose your protected health information for the purposes of treatment, payment and healthcare operations. Our Notice of Privacy Practices provides more detailed information about how we may use and disclose this protected health information. You have a legal right to review our Notice of Privacy Practices before you sign this consent, and we encourage you to read it in full.

Our Notice of Privacy Practices is subject to change. If we change our notice, you may obtain a copy of the revised notice by accessing our web site www.plasticsugerycenterofthesouth.net or contacting our office at 770-421-1242.

You have a right to request us to restrict how we use and disclose your protected health information for the purposes of treatment, payment or healthcare operations. We are not required by law to grant your request. However, if we do decide to grant your request we are bound by our agreement.

You have the right to revoke this consent in writing, except to the extent we already have used or disclosed your protected health information in reliance on your consent.

Patient Name: _____

Date: _____

Patient Signature: _____

Notice of Privacy Practices Given: _____