



Jay Medical & Rehab Works, PC

3457 Lawrenceville-Suwanee Rd., Suite C

Suwanee, GA 30024

678-714-8522 / Fax.678-714-8542

Patient Consent Form

Effective: March 2003

By Signing this Consent Form, you give Jay Medical & Rehab Works, PC 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 created or received by the practice including demographic data, 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.

Jay Medical & Rehab Works, PC Notice of Privacy Practices provides information about how Jay Medical & Rehab Works, PC may use and disclose protected health information about you. A copy of this Notice of Privacy Practices is available to you for review prior to your signing this Consent Form. As referenced in the Notice, the terms of the Notice of Privacy Practices may change periodically. Copied of most current Notice will be available at your request upon check-in for your appointment or by accessing the practices' web site at www.jaymedicalclinic.com. Should you have any questions or concerns about the handling of your protected health information, you may contact Jay Medical & Rehab Works, PC at (678) 714-8522.

You have the right to request restrictions on the use or disclosure of your protected health information for treatment, payment or healthcare operations. If your request of restrictions is accepted, then the practice is bound to honor that agreement, Copies of the 'Form to Request Restriction' are available upon request.

With this consent, Jay Medical & Rehab Works, PC may call your home or alternative location and leave a message on voice mail or with an individual in reference to any items that assist the practice in fulfilling TPO, such as appointment reminders, insurance items, and any call pertaining to your clinical care, including test results.

With this consent, Jay Medical & Rehab Works, PC may mail to your home or alternative location any items that assist the practice in fulfilling TPO, such as appointment reminder cards and patient statements as long as they are marked 'Personal and Confidential'.

To the extent available, Jay Medical & Rehab Works, PC may attempt to electronically obtain your prescription medication history through your insurance provider and/or prescription benefits service. By signing this Consent Form, you consent to any electronic download of said information which may be useful in your treatment.

If you elect not to sign this Consent Form, Jay Medical & Rehab Works, PC has the rights to refuse you treatment unless a licensed healthcare professional had determined that you require emergency treatment or the physician is required by law to treat you. The practice is required to document any circumstances in which treatment is provided without your consent; a copy of this documentation would be available to you.

You have the right to revoke this consent in writing unless disclosures have been made based upon your prior consent. To request your revocation, you may use the 'Authorization for Release of Information Form' or you may submit a letter to the practice.

Print Name

Signature of Patient or Legal Representative

Date