

Atlanta Vascular Specialists * Vein Specialists of Georgia

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UPDATE 2020- Acknowledgement of Receipt of Notice of Privacy Practices

Our notice of Privacy Practices provides information about how we may use and disclose protected health information about you. As provided in our notice, the terms of our notice may change. If so, you may obtain a revised copy by contacting Carol Daigle, RN or Connie Dillard, Practice Administrator. By signing below, you acknowledge that you have received a copy of our Notice of Privacy Practices on the date indicated below.

Patient Name (please print): _____ DOB: _____

Phone- Home: _____ Cell: _____ Work: _____

Messages-please call my: home cell work other _____

If unable to reach me (choose one):

you may leave a detailed message please leave a message asking me to return your call

other: _____

The best time to reach me is: Day(s): _____ Time Range: _____

Release of Information

PATIENT ACKNOWLEDGES AND AGREES THAT PATIENT'S RECORDS WILL BE AVAILABLE TO ALL PIEDMONT HEALTHCARE HOSPITALS, PHYSICIAN GROUPS, PIEDMONT HEALTHCARE AFFILIATED ENTITIES AND PROVIDERS AND NON-PIEDMONT HEALTHCARE AFFILIATED ENTITIES AND PROVIDERS.

I authorize the release of information including diagnostic, records, examination rendered to me and claims information. This information may be released to:

Spouse: _____

Child/Children: _____

Other: _____

*The release of information will remain in effect until terminated by me in writing.

Signed: _____ Date: _____

Witness: _____ Date: _____