Golden Isles
Partners In Health

Consent to Use or Disclose Information for Treatment, Payment, or Healthcare Operation

118 North Park Drive | Brunswick, GA 31201 | FAX 912- 434-9096 | pihgoldenislses.com

I, the patient authorizes Golden Isles Partners In Health, LLC to use or disclose my protected health information for the purpose of treatment, payment, or healthcare operations as the terms are defined under federal HIPAA privacy rules.

I have the right to revoke this consent; such revocation must be submitted to Golden Isles Partners In Health, LLC in writing. The revocation shall be effective except to the extent that Golden Isles Partners In Health, LLC has already taken action in reliance on the consent.

I have received a copy of Golden Isles Partners In Health, LLC "Notice of Privacy Practices" as required by HIPAA.

I authorize discussion of my general medical condition and diagnosis including treatment, payment or healthcare option with the following:

Name (print): Phone #: Relationship:

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I understand, acknowledge, and agree to the information above.

_____ _____

Signature of Patient Date