

CONSENT FOR HEALTHCARE AND RELEASE OF MEDICAL INFORMATION

I voluntarily consent to healthcare treatment from the providers and staff at Gwinnett's Progressive Healthcare for Women. I am aware that the practice of medicine is not an exact science. No guarantees have been made to me regarding the result of my treatment or examinations. I consent to the use and disclosure of protected health information about me for treatment, payment and healthcare operations. I have read this form and have had the opportunity to ask questions. Any questions or concerns have been answered or discussed.

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

The notice of Privacy Practices is available on our website under patient resources or you may receive a copy in the office. The Notice describes how Gwinnett's Progressive Healthcare for Women may use and disclose my healthcare information and the rights I may have regarding my protected health information. I am aware the Notice may be changed at any time. I may obtain a revised or additional copy at any time.

Signature of Patient or Authorized Person

Date

I give Gwinnett's Progressive Healthcare for Women permission to give information regarding my care to the following people. I understand that this may include medical and financial information. They must be able to provide your date of birth to receive the information.

Name: _____ Relationship: _____ Home #: _____ Work #: _____ Cell #: _____

Name: _____ Relationship: _____ Home #: _____ Work #: _____ Cell #: _____

Signature of Patient or Authorized Person

Date

I understand that appointment reminders are generated through Athena, Gwinnett's Progressive Healthcare for Women's electronic health record provider. These reminders may be by telephone, text, or email. You can control the method by going to the portal and choosing the settings.

I understand that I may receive voicemail messages to call our office or to go to the portal for results. Some of these may be automated calls through Athena, Gwinnett's Progressive Healthcare for Women's electronic health record provider.

All email communication with this office should be through our portal or our website.

Signature of Patient or Authorized Person

Date