BAUCOM & MINA DERM SURGERY, LLC

MARK F. BAUCOM, M.D. MARY ALICE MINA, M.D.

THE MEDICAL QUARTERS, SUITE 206
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ATLANTA, GA 30342
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PATIENT CONSENT FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION (PHI)

I have the right to review the Notice of Privacy Practices prior to signing this consent.

1. With my consent, Baucom & Mina Derm Surgery, LLC may use the following methods to communicate with me:

Call to my home or other designated location and leave a message on voice mail or in person, **mail** to my home or other designated location, or **e-mail** to my home or other designated location.

2. I also understand and consent that my personal health information may be disclosed to other appropriate entities, such as (but not limited to) my insurance company(ies), other physicians or health care providers and others as indicated in the Notice of Privacy Practices.

3. I give consent for Baucom & Mina Derm Surgery, LLC to obtain my medical records from my prior treating physicians, if applicable.

4. I have the right to request that Baucom & Mina Derm Surgery, LLC restricts how it uses or discloses my personal health information. I request the following restriction(s):

The practice is not required to agree to my requested restrictions, but if it does, it is **bound by this agreement.**
The above restrictions ARE ARE NOT agreed to by Baucom & Mina Derm Surgery, LLC.

Signed: **Position/Title:** **Date:**

4. If I do not sign this consent, Baucom & Mina Derm Surgery, LLC may decline to provide treatment to me. I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent.

By signing this form I am consenting to Baucom & Mina Derm Surgery, LLC's use and disclosure of my personal health information (PHI) to carry out treatment, payment, and operations(TPO)

I also authorize assignment of insurance benefits to Baucom & Mina Derm Surgery, LLC

_____ _____
Signature of Patient or Legal Guardian Signature of Patient or Legal Guardian

_____ _____
Patient's or Guardian's Printed Name Patient's or Guardian's Printed Name

Baucom & Mina Derm Surgery, LLC reserves the right to revise its Notice of Privacy Practices at anytime. A revised Notice of Privacy Practices may be obtained by forwarding a written request to Dr. Mark F. Baucom, Privacy Officer at 5555 Peachtree-Dunwoody Rd., Suite 206 Atlanta, GA 30342.