Premier Orthopaedic Surgery, LLC
Patient Authorization For Use and Disclosure of Protected Health Information

By signing this authorization, I authorize Premier Orthopaedic Surgery, LLC to use and/or disclose certain protected health information (PHI) about me to:

Name: ______________________________
Address: ______________________________
____
____
Phone: ______________________________
Fax: ______________________________

****I understand I will be charged an administrative fee and a per page fee that is pursuant to O.C.G.A. 31-33-3 and set forth by The Office of Planning and Budget in the State of Georgia for any information that is released for my own personal use.****

This authorization permits Premier Orthopaedic Surgery, LLC to use and/or disclose the following PHI about me (specifically describe the information to be use and/or disclosed, such as date(s) of service, level of detail to be released, origin of information, etc.):

____

____

The information will be used and/or disclosed for the following purpose:

____

The purpose(s) is/are provided so that I can make an informed decision whether to allow release of this information. This authorization will expire 12 months from the date signed, unless otherwise defined below by a specific date or event:

____

I do not have to sign this authorization to receive treatment from Premier Orthopaedic Surgery, LLC. In fact, I have the right to refuse to sign this authorization. When my information is used or disclosed pursuant to this authorization, it may be subject to redisclosure by the recipient and may no longer be protected by the federal HIPAA Privacy Rule. I have the right to revoke this authorization in writing except to the extent that the practice as acted in reliance upon this authorization. My written revocation must be submitted to the Privacy Official at:

Premier Orthopaedic Surgery, LLC
7360 McGinnis Ferry Road, Suite E
Suwanee, GA 30024

Signed by: ______________________________ Date: ________________

____
Printed Name of Patient

____
Printed Name of Legal Guardian (if applicable)