

**Southern Orthopaedic Specialists, LLC  
Patient Consent Form**

**Effective Date: April 15, 2009**

By signing this Consent Form, you give Southern Orthopaedic Specialists (SOS) permission to use and disclose protected health information about you for treatment, payment, and healthcare operations (TPO) except for any restrictions specified in the 'Form to Request Restrictions'. *Protected health information* is individually identifiable information created or received by the practice, including demographic data, information relating to your physical or mental health, to provision of healthcare services to you, and to the collection of payment for providing healthcare services to you.

The SOS Notice of Privacy Practices provides information about how SOS may use and disclose protected health information about you. A copy of this Notice of Privacy Practices is available to you for review prior to your signing this Consent Form. As referenced in the Notice, the terms of the Notice of Privacy Practices may change periodically. Copies of the most current Notice will be available at your request upon check-in for your appointment or by accessing the practice's website at [www.sos-atlanta.com](http://www.sos-atlanta.com). Should you have any questions or concerns about the handling of your protected health information, you may contact the SOS Privacy Officer at 770-953-6929.

You have the right to request restrictions on the use or disclosure of your protected health information for treatment, payment, or healthcare operations. If your request for restrictions is accepted, then the practice is bound to honor that agreement. Copies of the 'Form to Request Restrictions' are available upon request.

With this consent, Southern Orthopaedic Specialists, LLC may call your home or alternative location and leave a message on voice mail or with an individual in reference to any items that assist the practice in fulfilling TPO, such as appointment reminders, insurance items, and any calls pertaining to your clinical care, including tests results.

With this consent, Southern Orthopaedic Specialists, LLC may mail to your home or alternative location any items that assist the practice in fulfilling TPO, such as appointment reminder cards and patient statements as long as they are marked 'Personal and Confidential'.

To the extent available, Southern Orthopaedic Specialists LLC may attempt to electronically obtain your prescription medication history through your insurance provider and/or prescription benefits service. By signing this Consent Form, you consent to any electronic download of said information which may be useful in your treatment.

If you elect not to sign this Consent Form, Southern Orthopaedic Specialists, LLC has the right to refuse you treatment unless a licensed healthcare professional has determined that you require emergency treatment or the physician is required by law to treat you. The practice is required to document any circumstances in which treatment is provided without your consent; a copy of this documentation would be available to you.

You have the right to revoke this consent in writing unless disclosures have been made based upon your prior consent. To request your revocation, you may use the 'Authorization for Release of Information Form' or you may submit a letter to the practice.

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Print Name

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Signature of Patient or Legal Representative

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Date