

**Buckhead Internal Medicine, P.C.**  
**Patient Consent for Use and Disclosure**  
**of Protected Health Information**

I hereby give my consent for Buckhead Internal Medicine, P.C. to use and disclose protected health information (PHI) about me to carry out treatment, payment and healthcare operations (TPO). (Buckhead Internal Medicine's Notice of Privacy Practices provides a more complete description of such uses and disclosures.)

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

Buckhead Internal Medicine, P.C. reserves the right to revise its Notice of Privacy Practices at any time. A revised Notice of Privacy Practices may be obtained by forwarding a written request to Buckhead Internal Medicine, P.C., Attention Privacy Officer, 2021 Peachtree Road, Suite 550, Atlanta, GA 30309.

With this consent, Buckhead Internal Medicine, P.C. may call my home or other alternative location and leave a message on voice mail or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, insurance items and any calls pertaining to my clinical care, including laboratory results among others.

With this consent, Buckhead Internal Medicine, P.C. may mail to my home or other alternative location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements as long as they are marked Personal and Confidential.

With this consent, Buckhead Internal Medicine, P.C. may e-mail to my home or other alternative location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements. I have the right to request that Buckhead Internal Medicine, P.C. restrict how it uses or discloses my PHI to carry out TPO.

However, the practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement.

I am consenting to Buckhead Internal Medicine, P.C.'s use and disclosure of my PHI to carry out TPO. I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent. If I do not agree with this policy or later revoke it, Buckhead Internal Medicine, P.C. will decline to provide treatment to me.

## **ADMINISTRATIVE POLICIES**

Welcome to our practice! The following pages provide information about our business practices and will be helpful in addressing the most frequently asked questions. Your understanding of our policies will ensure that we meet your expectations and provide the safest, best care for you! Please sign a copy for us and retain one for your records.

### **COMMUNICATIONS**

The best way to reach us is by sending us messages through mychart. Any mychart messages received after hours are reviewed on the next business day. If you need help in setting this up, please contact our office.

Our phone system is available 24/7. During business hours, we always try to answer our phones, however on occasion, you may get our voice mail. Please leave your full name, DOB, and a good phone number to reach you.

After hour/weekend/holiday calls give you two options. The first is to leave a message for the next business day, the second is to reach the doctor's phone for urgent care.

If possible, non-urgent clinical calls will be returned by the end of the business day. You may also reach us by email at [info@buckheadinternalmedicine.com](mailto:info@buckheadinternalmedicine.com). Please do not use email for urgent communications. For more information about our practice please visit [www.buckheadinternalmedicine.com](http://www.buckheadinternalmedicine.com).

### **CANCELLATIONS**

We ask for 24 hours' notice if you are unable to keep your appointment with us.

### **PRESCRIPTION REFILLS**

At the time of your appointment, you will be provided with sufficient refills of scheduled medications to last until your next appointment. If you find yourself out of refills, it is most likely time to schedule your next appointment.

### **MEDICAL RECORDS**

When warranted, we send pertinent records free of charge to consulting physicians. If you request comprehensive records, our copying charge is determined by the number of pages copied and is regulated by the state of Georgia.

### **PATIENT ACCOUNTS**

- Insurance - You agree to present your valid insurance card at each visit. You agree to provide accurate up to date insurance information. If your claim is rejected due to incorrect or coverage not in effect, then you are responsible for the charges.
- Co-payments/Deductibles – Co-Pays are due at time of appointment. It is your responsibility to know your insurance plan. All co-insurance, deductibles, and non-

covered expenses will be paid in accordance with our office policies.

- Patient Statements/Balances – Our office sends Patient Statements each month. Payment in full is due upon receipt of statement. You understand that if we participate with your insurance company the sending of a statement may be delayed until your insurance company responds to claims for service. Such a delay does not alter our policy of patient financial responsibility.

**PATIENT DISCHARGE**

The practice reserves the right to discharge a patient for any reason. Please note that discharge may occur for failure to meet the obligations under this document. In addition, because of care quality considerations, the practice may discharge you for failure to comply with treatment plans outlined by your practitioner.

I acknowledge that I have received a copy Buckhead Internal Medicine’s Consent for Use of Protected Health Informa on Policy (Form: BIM 2025 A) and Administrative Policies (Form: BIM 2025 B). I agree with their policies and hereby give my consent for Buckhead Internal Medicine to use and disclose protected health information about me to carry out treatment, payment and healthcare operations.

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Patient’s Signature \_\_\_\_\_ Date \_\_\_\_\_

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Signature of Responsible Party \_\_\_\_\_ Date \_\_\_\_\_