ATLANTA VASCULAR SPECIALISTS • VEIN SPECIALISTS OF GEORGIA
DR. ERIC D. WELLONS DR. JAMES M. COMBS
775 Poplar Road, Suite 260 Newnan, GA 30263 1267 West Highway 54, Suite 5300 Fayetteville, GA 30214

RECEIPT OF OUR NOTICE OF PRIVACY PRACTICES

Our notice of Privacy Practices provides information about how we may use and disclose protected health information about you. As provided in our notice, the terms of our notice may change. If so, you may obtain a revised copy by contacting Carol Daigle, RN or Connie Dillard, Practice Administrator.
By signing below, you acknowledge that you have received a copy of our Notice of Privacy Policies on the date indicated below.

Print Name of Patient:_______________________________ Signature of Patient:_____________________________

Patient DOB:_________________ Patient ID/Account Number:___________________ Date:_____/_____/______

Print Name of Personal Representative:___________________________________ Relationship:__________________

Signature of Personal Representative:_____________________________________ Date:________________________

RELEASE OF INFORMATION

[] I authorize the release of information including diagnostic, records; examination rendered to me and claims information. This information may be released to:

[] Spouse__________________________________
[] Children_________________________________
[] Other___________________________________

The Release of Information will remain in effect until terminated by me in writing.

MESSAGES

Please call: [] my home [] my work [] my cell

Number________________ Number________________ Number________________

If unable to reach me:
[] you may leave a detailed message
[] please leave a message asking me to return your call
[]_______________________________________

The best time to reach me is (day)__________________________ between (time)__________________

Signed:____ Date:____________________________

Witness:____ Date:____________________________