



Plastikos Plastic & Reconstructive Surgery
 Plastikos Surgery Center
 Millennium Healthcare
 Avatar Industries
 4370 Georgetown Square
 Atlanta, GA 30338
 (770) 457-4677 (Tel.)
 (770) 457-4428 (Fax)
www.plastikos.com
www.millennium-healthcare.com
www.templeofhealth.ws



PATIENT ACKNOWLEDGEMENT AND CONSENT

I have been given a copy of PPRS/PSC/MHC/AI Notice of Privacy Practices. I consent to the uses and disclosure of my health information as outlined in the Notice of Privacy Practices.

 Signature of Patient or Representative

 Date

 Printed Name of Patient

 Printed Name of Representative

Please describe the Representative's authority to act on behalf of the Patient (**initial one**).

- () The representative is the parent of the patient, who is a minor.
- () The representative is the guardian of the patient, who has been adjudicated incompetent.
- () The representative is acting under a Durable Power of Attorney for Health Care for the patient, and has presented a copy of this document to PPRS/PSC/MHC/AI personnel.
- () I authorize/give my consent to the person(s) below to discuss my PHI. I understand that I may revoke this authorization at any time by giving written notice to PPRS/PSC/MHC/AI:

1. _____ (Name) _____ (Relationship)
2. _____ (Name) _____ (Relationship)
3. _____ (Name) _____ (Relationship)

FOR OFFICE USE ONLY

If acknowledgement of receipt of the Notice of Privacy is not obtained from the patient or the patient's representative, please explain your efforts to obtain their acknowledgment and reason you could not obtain it.
