

West Georgia Cardiology

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www.westgacardiology.com

HIPPA Compliance

West Georgia Cardiology is dedicated to ensuring your privacy.

Please review the following questions and inform the Front Desk staff of any changes that may apply to you:

1. Do we have permission to leave a message on the phone number(s) you have provided us?

_____ Yes or _____ No

2. May we discuss your medical information with family and friends?

_____ Yes or _____ No

If yes, with whom:

Name: _____ **Relationship to you:** _____

Name: _____ **Relationship to you:** _____

3. If someone calls for you or comes and asks for you while you are here, do we have permission to tell them you are here?

_____ Yes or _____ No

4. May we discuss your financial information with family and friends?

_____ Yes or _____ No

If yes, with whom:

Name: _____ **Relationship to you:** _____

Name: _____ **Relationship to you:** _____

Signature: _____

Date: _____