

A · N · N · I · S · T · O · N
GENERAL SURGERY CENTER

Committed to providing you state-of-the-art care

1901 Leighton Avenue, Anniston, AL 36207 | (256) 240-9660 | Fax: (256) 240-9636 | www.AnnistonGeneralSurgery.com

**Consent /Authorization
of use and disclosure of protected health information**

As outlined in the Notice of Privacy Practices any use other than for treatment, payment or health care operations must have my signed authorization.

I have reviewed this consent form and authorize Clifford P Black Jr MD PC to release information pertaining to my total medical care to the following individual(s):

Name: _____	Relationship: _____
Name: _____	Relationship: _____
Name: _____	Relationship: _____
Name: _____	Relationship: _____

I understand that I may revoke this consent of the use and disclosure of my protected health information at anytime. I understand I must revoke this consent in writing. Any use and disclosure prior to the date on which revocation of consent was received will not be affected.

Name of Patient: _____

Signature of Patient: _____

Date: _____

Signature of Patient Representative: _____

Relationship of Patient Representative: _____

Reason for Patient Representative: _____