

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](http://www.AnnistonGeneralSurgery.com)

## NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION

PLEASE REVIEW IT CAREFULLY.

### Uses and Disclosures

**Treatment.** Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

**Payment.** Your health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information of dates of service, the services provided, and the medical condition being treated.

**Health care operations.** Your health information may be used as necessary to support the day-to-day activities and management of Clifford P. Black, Jr. M.D. PC. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

**Policy regarding the Protection of Personal Information.** We create a record of the care and services you receive at this Practice. We need this record in order to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of you care generated by this Practice, whether made by practice personnel or by your personal doctor. The law requires us to: make sure that medical information that identifies you is kept private, give you this notice of our legal duties and privacy practices with respect to medical information about you; and to follow the terms of the notice that is currently in effect. Other ways we may use or disclose your protected healthcare information include: appointment reminders, required by law or used for law enforcement purposes, necessary for public health activities, necessary to report abuse, neglect or domestic violence, for health oversight activities, for judicial and administration proceedings, for medical research, to coroners, medical examiners or funeral directors, for organ, eye or tissue donation, to avert a serious threat to public health or safety, for specialized governmental functions and for workers compensation.

**Individual Rights:** You have certain rights under the federal privacy standards. These include:

- **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures". This is a list of the disclosures we made of medical information about you. To request this list of accounting of disclosures, you must submit your request in writing to the Privacy Official.
- **Right to Amend.** If you feel that medical information we have about you is incorrect or incomplete, you may ask to amend the information. You have the right to request an amendment, your request must be made in writing and submitted to the Privacy Official and you must provide a reason that supports your request. We may deny your request for an amendment.
- **Right to Inspect and Copy.** You have the right to inspect and copy medical information that may be used to make decisions about your care. We may deny your request to inspect and copy in certain very limited circumstances. You may obtain a form to request access to your records by contacting Marty Collins.
- **Right to a Paper Copy of this Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time.
- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at certain location. You must make your request in writing and you must specify how or where you wish to be contacted.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. **We are not required to agree to your request.** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions you must make your request in writing to the Privacy Official.

**CHANGES TO THIS NOTE:** We reserve the right to change this notice. We will post a copy of the current notice in the Practice's reception area.

**COMPLAINTS.** If you believe your privacy rights have been violated, you may file a complaint with the Practice or with the Secretary of the Department of Health and Human Services. To file a complaint with the Practice contact our Privacy Official Marty Collins, at 256-240-9660. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.** **OTHER USES OF MEDICAL INFORMATION.** Other uses and disclosures of medical information not covered by this notice or the laws that apply to use will be made only with your written authorization. If you provide us permission to you or disclose medical information about you, you may revoke that permission, in writing, at any time.

I acknowledge by signing below that I have received the Notice of Privacy Practices of Clifford P. Black, Jr. M.D.

\_\_\_\_\_  
Patient or Patient's Personal Representative

\_\_\_\_\_  
Date