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

AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

Patient Name: _____ Date: _____

Social Security # _____ Date of Birth: _____

Contact Number: (_____) _____-_____

I hereby authorize Clifford P. Black, JR., MD., PC to use, disclose and/or obtain my health information as follows (check all that apply):

___ Disclose to: ___Obtain the following health information from:

_____ _____

Fax # ( ) _____ Fax # ( ) _____

The records I am requesting are marked below:

_____ Entire record

_____ History & Physical _____ All office notes
_____ Office notes for past year _____ Operative notes
_____ Pathology reports _____ Radiology Reports
_____ Other: _____

I understand that the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome, or human immunodeficiency virus. It may also include behavioral or mental health services, and treatment for alcohol and drug abuse.

The health information is used/disclosed/obtained for the following purpose, if requested by the patient put "At patient request": _____

By providing this information, I understand the following:

1. This authorization is voluntary. I may refuse to sign this authorization and my treatment and/or payment obligations will not be affected.
2. The health information to be released may be subject to re-disclosure by recipient of the health information and no longer protected by the Federal Privacy Rules.
3. I may revoke this authorization at any time by notifying Clifford P. Black, Jr., MD. PC in writing, but if I do, it will not have any effect on uses or disclosures prior to the receipt of the revocation.
4. This authorization will expire on _____ / _____ / _____.

_____ _____
Signature of patient or Patient's Representative Date

_____ _____
Representative's Relationship to Patient Witness