

UROLOGY CENTERS OF ALABAMA, P.C.

POLICY 7

**CONSENT FOR USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION FOR
PAYMENT, TREATMENT AND HEALTH CARE OPERATIONS**

By signing below, you hereby consent for Urology Centers of Alabama, P.C. to use or disclose information about yourself (or another person for whom you have the authority to sign) that is protected under federal law, for the sole purposes of treatment, payment and health care operations. You may refuse to sign this consent form.

You should read the Notice of Privacy Practices for Urology Centers of Alabama, P.C. before signing this Consent. The terms of the Notice may change from time to time, but you can always request a revised copy by asking the Privacy Officer.

You have the right to request that Urology Centers of Alabama, P.C. restrict how PHI is used or disclosed to carry out treatment, payment, or health care operations. Urology Centers of Alabama, P.C. is not required to agree to requested restrictions, however; if Urology Centers of Alabama, P.C. agrees to your requested restrictions, the restriction is binding on it.

Information about you is protected under federal law, and you have the right to revoke this Consent, unless Urology Centers of Alabama, P.C. has taken action in reliance on your authorization (as determined by our Privacy Officer). By signing below, you recognize that the protected health information used or disclosed pursuant to this Consent may be subject to re-disclosure by the recipient and may no longer be protected under federal law.

Urology Centers of Alabama, P.C. may communicate with the following individuals regarding my condition or course of treatment:

Name: _____ **Relation:** _____

Name: _____ **Relation:** _____

Name: _____ **Relation:** _____

Urology Centers of Alabama, P.C. may communicate confidential information to me, including invoices for services, to the following address and/or phone numbers: _____

Signature: Patient or Personal Representative

Print Name

Date