



Consent for Purposes of Treatment, Payment, and Health Care Operations

I consent to the use or disclosure of my protected health information by Northeast Alabama Surgical Associates for the purpose of diagnosing or providing treatment to me, obtaining payment of my health care bills or to conduct health care operations of Northeast Alabama Surgical Associates. My “protected health information” means medical, billing, and demographic information about me collected from me and created or received by Northeast Alabama Surgical Associates for treatment, payment, and healthcare operations. I understand that diagnosis or treatment of me by Northeast Alabama Surgical Associates may be conditioned upon my consent as evidenced by my signature on this document.

I understand I have the right to request a restriction as to how my protected health information is used or disclosed to carry out treatment, payment, or healthcare operation of the practice. Northeast Alabama Surgical Associates is not required to agree to the restrictions that I may request. However, if Northeast Alabama Surgical Associates agrees to a restriction I request, the restriction is binding on Northeast Alabama Surgical Associates.

I have the right to revoke this consent, in writing, at any time. The revocation will be effective upon receipt, except to the extent that Northeast Alabama Surgical Associates has taken action in reliance on this consent.

I understand I have a right to review Northeast Alabama Surgical Associates’ Notice of Privacy Practices prior to signing this document. Northeast Alabama Surgical Associates’ Notice of Privacy Practices has been provided to me. The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that will occur in my treatment, payment of my bills or in the performance of health care operation of Northeast Alabama Surgical Associates. The Notice of Privacy Practices for Northeast Alabama Surgical Associates is also provided in various locations of the facility, to include the waiting room. The Notice of Privacy Practices also describes my rights and Northeast Alabama Surgical Associates’ duties with respect to my protected health information.

Northeast Alabama Surgical Associates reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a revised Notice of Privacy Practices by calling the office and requesting a revised copy be sent in the mail or by asking for one at the time of my next appointment.

Print Name of Patient

Signature of Patient

Date

Check All That Apply

- _____ Do not call at home.
- _____ Do not call at work.
- _____ Do not mail reminder cards.
- _____ Do leave messages on voice mail/
answering machine
- _____ Do leave messages with persons who answer

Names of persons we may communicate with:

_____ Phone # _____

_____ Phone # _____

_____ Phone # _____