



The Crawford Clinic

1900 Leighton Avenue Suite 101 Anniston, Alabama 36207
Phone: 256-240-7272 Fax: 256-240-7242

Consent for Treatment

PATIENT'S CONSENT FOR TREATMENT: I hereby voluntarily request and authorize The Crawford Clinic to examine and treat me. I furthermore consent to peer review of my medical information when deemed necessary by The Crawford Clinic. When applicable, I hereby authorize The Crawford Clinic to release any information acquired during my examination or treatment to my insurance carrier for the purpose of medical claims payment. I authorize payment of medical benefits to The Crawford Clinic. If denied, non-covered, or remain unpaid by my insurance carrier, I will be responsible for the balance due. I am also responsible for any unpaid balance, including but not limited to deductibles, co-payments, co-insurance, non-covered services, collection cost (which include a reasonable attorney fee and court cost in the event that the fees are turned over to an attorney or collection agency for enforcement of collections).

Consent to Use and Disclose Protected Health Information

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION: Your protected health information will be used by The Crawford Clinic or disclosed to others for the purpose of treatment, obtaining payment, or supporting the day-to-day health care operations of the practice.

THE NOTICE OF PRIVACY PRACTICES: The Crawford Clinic is required to provide to you, upon request, a notice that describes how information about you may be used and disclosed. Additionally, we must provide you information on how you may get access to this information. These policies and practices are defined in our "Notice of Privacy Practices" packet, and can be provided to you upon request.

YOU MAY PLACE RESTRICTIONS ON THE USE OR DISCLOSURE OF YOUR HEALTH INFORMATION: You may request a restriction on the use or disclosure of your protected health information. However, The Crawford Clinic may or may not agree to your request to restrict the use or disclosure. Please consult with a practice representative if you would like additional information or clarification.

YOU MAY REVOKE THIS CONSENT AT ANY TIME: You may revoke this consent at any time; however, Crawford Plastic Surgery requires that you revoke this consent in writing. If you revoke this consent, the revocation will not affect use and disclosure of your information before the date of the request.

CHANGES TO PRIVACY PRACTICES: The Crawford Clinic reserves the right to change or modify the privacy policies outlined in the Notice of Privacy Practices packet. You will be notified of changes via mail or verbally.

SIGNATURE: I have reviewed this consent form, received the packet entitled "Notice of Privacy Practices" and give my permission to The Crawford Clinic to use and disclose my health information in accordance with this consent the notice provided.

Again, if you have any questions regarding this notice or our health information privacy policies, please contact an authorized representative at 1900 Leighton Avenue Suite 101; Anniston, AL 36207.

A copy of this notice is available on our website at www.thecrawfordclinic.com.