



\_\_\_\_\_ Tuscaloosa - 5005 Oscar Baxter Drive, 35405  
 \_\_\_\_\_ Northport - 3909 McFarland Boulevard, 35476  
 \_\_\_\_\_ Demopolis - 705 Highway 80 West, 36732  
 \_\_\_\_\_ Hoover - 1575 Montgomery Highway, 35216  
 \_\_\_\_\_ Fayette – 122 17<sup>th</sup> Court Northeast, 35555

**ACKNOWLEDGEMENT & CONSENT TO USE AND  
 DISCLOSURE OF HEALTH INFORMATION  
 FOR TREATMENT, PAYMENT AND HEALTHCARE OPERATIONS**

You are receiving healthcare services from MedCenter Urgent Care. You agree that all records concerning your care within MEDCENTER URGENT CARE shall remain the property of MEDCENTER URGENT CARE. You understand and agree that such information is used for: (1) your treatment - the provision and coordination of your healthcare which may require disclosure of all or any portion of your medical record information to your attending physician, consulting physician(s) and other health care providers who have a legitimate need for such information in the care and continued treatment of the patient, (2) payment for your services - billing, claims management, medical data processing, reimbursement and for determining coverage which may necessitate disclosure of such information to any insurance company, third party payor or other entity (or their authorized representatives), including any copies or excerpts of your medical record which are necessary for payment of patient's account, (3) routine healthcare operations - including, but not limited to, quality assurance, utilization review, medical review, internal auditing, accreditation, certification, licensing or credentialing activities of MEDCENTER URGENT CARE; and (4) medical research and educational purposes. You acknowledge that you have been provided with a MEDCENTER URGENT CARE Notice of Health Information Practices that provides a more complete description of the uses and disclosures of the patient's healthcare information, and that the Notice has been reviewed prior to the signing of this consent. You understand that MEDCENTER URGENT CARE reserves the right to change the Notice and that MEDCENTER URGENT CARE will provide you with a revised Notice when you come to MEDCENTER URGENT CARE. You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment or health care operations. We are not required to agree to this restriction, but if we do, we are bound by our agreement. You have the right to revoke this consent, in writing, except where we have already made disclosures in reliance on your prior consent.

Restrictions Requested:

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MEDCENTER URGENT CARE: \_\_\_\_\_ Agree \_\_\_\_\_ Not Agree

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_