

If Petersburg Medical Center is requesting this Authorization from you for our own use and disclosure or to allow another health care provider or health plan to disclose information to us:

- We cannot condition our provision of services or treatment to you on the receipt of this signed authorization;
- You may inspect a copy of the protected health information to be used or disclosed;
- You may refuse to sign this Authorization; and
- We must provide you with a copy of the signed authorization.

You may review Petersburg Medical Center's "Notice of Privacy Practices" for additional information about the uses and disclosures of information described in this Consent prior to signing this Authorization.

Because we have the right to change our privacy practices in accordance with the law, the terms contained in the Notice may change also. A summary of the Notice is posted in our office indicating the effective date of the Notice. We will also provide you with a copy of the Notice upon your request.

As more fully explained in the Notice, you have the right to request restrictions on how we use and disclose your protected health information for treatment, payment, and health care operations purposes. We are not required to agree to your request. If we do agree, we are required to comply with your request unless the information is needed to provide you emergency treatment. Other physicians who provide call coverage for our office are required to use and disclose your protected health information consistent with the Notice.

Additional Federal Substance Abuse Confidentiality Requirements

Item #4 - Under the Federal Substance Abuse Confidentiality Requirements, an authorization must include the purpose of the disclosure of substance abuse information even if the patient requests the disclosure.

[If PMC seeks an authorization from just an individual for a use or disclosure of protected health information, the covered entity must provide the individual a copy of the signed authorization.]