

J. Durward Black, Jr., M.D.
300 Courtyard Drive, Suite B
Cartersville, Ga. 30120

RECEIPT OF NOTICE OF PRIVACY PRACTICES WRITTEN ACKNOWLEDGEMENT FORM

I understand a patient's health information is private and confidential. I understand that Dr. Black's office works very hard to protect a patient's privacy and preserve the confidentiality of a patient's personal health information.

I understand Dr. Black's office may use and disclose a patient's personal health information to help provide health care to a patient, handle billing and payment, and to take care of other health care operations. (In general, there will be no other uses and disclosures of this information unless I permit it. I understand sometimes the law may require the release of this information without my permission. This type of situation would be very rare. One example would be if a patient threatened to hurt someone.)

I understand Dr. Black's office has a detailed document titled the "Notice of Privacy Practices" that contains more information about the policies and practices protecting a patient's privacy and is posted in his office at all times for me to read. Dr. Black's office may update the Acknowledgement and "Notice of Privacy Practices", and if I ask, Dr. Black's office will provide me with the most current document.

I, _____, have been offered an opportunity to review a copy of Dr. J. Durward Black's office "Notice of Privacy Practices".

Signature of Patient or Guardian

Patient's Date of Birth

Today's Date

PERMISSION TO OBTAIN MEDICAL INFORMATION

The "Notice of Privacy Practices" contains complete descriptions of my privacy/confidentiality rights. These rights include, but are not limited to access of my medical records, restrictions of certain uses, receiving an accounting of disclosures as required by law, and requesting communication by specified methods of communications or alternative location.

Dr. Black's office has established procedures that help them meet their obligations to their patients. These procedures may include other signature requirements, a written acknowledgements and authorization, reasonable time frames for requesting information, charges for copies and non-routine information needs, etc. I will assist by following these procedures if I choose to exercise any of my rights described in the "Notice of Privacy Practices". If I do not wish my name spoken out loud when being brought from the waiting room, I will notify the check-in person and will be assigned a number.

I understand by signing below, I am giving permission for Dr. Black's office to access any information available regarding my medical care on the hospital's computer and/or any other provider of services.

Signature of Patient of Guardian

Today's Date

PERMISSION TO RELEASE INFORMATION

In the event Dr. Black's office calls my home, and I am not there, I give my permission for a message to be left on my answering machine. **Please circle your choice:** YES NO

I hereby give Dr. Black's office permission to discuss my medical information, billing information, diagnosis, and test results with: **(Please list names and phone numbers of each person you choose.)**

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NOTIFICATION FOR PAYER PAYMENT POLICIES FOR CERTAIN IN-OFFICE PROCEDURES

Patient Name: _____ DOB: _____

Please be aware that certain procedures performed in our office are not included in the standard office visit. These procedures will be billed separately and in addition to office visit charges. We have become aware that some insurance carriers are classifying these procedures as “Surgery”. The carriers then apply these charges to a higher deductible amount. The result may be that the insurance payment for the office visit may not include that procedure. In such cases, payment for the procedure will be due from the patient. Be assured that we are following accepted billing and coding guidelines and that all procedures are performed in the best interest of your care.

Examples of in-office procedures include:

- Flexible Cystoscopy: This procedure involves passing a long thin flexible fiber optic scope through the urethra and into the bladder. The fiber optic scope enables the physician to visualize areas of the bladder not readily seen using x-rays.
- Flexible Cystoscopy with Stent Removal: This procedure uses the flexible or rigid scope attached to a light source to view areas of the bladder but to remove a urethral stent.
- Cord Block/Ilioinguinal Nerve Block: This is the procedure to help diagnose and treat scrotal and/or testicular pain by injecting anesthetics and/or steroids.
- Foley Catheter Placement: This is tube drainage of the bladder.
- Intravesical Treatments for Chemotherapy and/or IC: Introduction of medicines byway of a catheter in the bladder for the treatment of bladder cancer or for the treatment of pelvic pain. This may not be covered by your insurance.
- Injections: Insurance considers anything that pierces the skin to be a “surgery”, and some injectables are not covered under an office visit.
- Vasectomy for Sterilization: This is a separate surgical code.
- Ultrasound of the Bladder/ Bladder Scan: The use of ultrasound to determine if the bladder is empty as used in men with prostate enlargement, patients with bladders that do not empty well, or patients that have repeated urinary infections. Some carriers are lumping this under a separate radiological x-ray deductible.

If you have any questions or concerns, please feel free to speak with our office manager.

Signature of Patient or Guardian

Today's Date