UROLOGY CENTERS OF ALABAMA APPOINTMENT AND PATIENT COMMUNICATION AUTHORIZATION

Urology Centers of Alabama (UCA) offers the services to book appointments with a UCA healthcare provider(s) and managing and forwarding your health history forms and other health-related information to share with your healthcare providers via electronic and other means of communication. Under a federal law called the Health Insurance Portability and Accountability Act (“HIPAA”), some of this health and health-related information may be considered “Protected Health information” or “PHI” if such information is generated by or received from any healthcare provider.

Safeguards for PHI

HIPAA protects the privacy and security of your PHI by limiting the uses and disclosures of PHI by UCA, by health plans (called “Covered Entities”) and companies, that provide certain types of assistance to UCA and Covered Entities (called “Business Associates”). Under certain circumstances described in HIPAA, an individual needs to sign an Authorization form before a Covered Entity, like Your Healthcare Provider(s), can disclose protected health information to a third party.

Non-Protected Health Information

As a condition of creating your UCA account, you are required to read and agree to UCA’s [Privacy Policy](https://uca-al.worldsecuresystems.com/privacy-policy.html). UCA’s Privacy Policy explains how UCA processes and shares information received from you that is not covered by HIPAA (“Non-PHI”).

Your PHI Authorization

The purpose of this authorization is to request your written permission to allow UCA to use and disclose your PHI in the same way as we use and disclose your Non-PHI. UCA needs your authorization to use and disclose your PHI in the same way it can currently use and disclose your Non-PHI when UCA is not working on behalf of UCA Healthcare Providers, but is instead working on its own behalf. Therefore, when UCA relies on this Authorization, and uses and discloses PHI as described in this Authorization, it is not working as a Business Associate and the HIPAA requirements that apply to Business Associates will not apply to such uses and disclosures.

If you e-sign this Authorization by checking the block agreeing to these “Terms and Conditions Regarding Privacy”, you give your written permission to UCA to retain your PHI and to use and/or disclose your PHI in the same way that you have agreed that your Non-PHI can be used and disclosed.

Specifically, you agree that UCA can use your PHI to:

* communicate with you via email, text, phone or other media
* enable and customize your use of the UCA Services;
* provide you alerts regarding future appointments;
* notify you about providers we think you may be interested in learning more about;
* send you information regarding UCA and related third party products and services, we think you may be interested in learning more about;
* conduct analysis for UCA’s internal business purposes;
* create de-identified information and then use and disclose this information in any way permitted by law, including to third parties in connection with their commercial and marketing efforts.

You also agree UCA can disclose your PHI to:

* Third parties assisting UCA with any of the uses described above;
* UCA Healthcare Providers to enable them to refer you to, and make appointments with, other providers on your behalf, or to perform an analysis on potential health issues or treatments, provided that you choose to use the applicable UCA Service;
* a third party as part of a potential merger, sale or acquisition of UCA;
* our business partners who assist us by performing core services (such as hosting, billing, fulfillment, or data storage and security) related to the operation or provision of our services, even when UCA is no longer working on behalf of UCA Healthcare Providers;
* a provider of medical services, in the event of an emergency; and
* organizations that collect aggregate and organize your information so they can make it more easily accessible to your providers.

Redisclosure

If UCA discloses your PHI, UCA will require that the person or entity receiving your PHI to agree only to use and disclose your PHI to carry out its specific business obligations to UCA or for the permitted purpose of the disclosure (as described above). UCA cannot, however, guarantee that any such person or entity to which UCA discloses your PHI or other information will not re-disclose it in ways that you or we did not intend or permit.

Expiration and Revocation of Authorization

Your Authorization remains in effect until you provide written notice of revocation to UCA.

YOU CAN CHANGE YOUR MIND AND REVOKE THIS AUTHORIZATION AT ANY TIME AND FOR ANY (OR NO) REASON.

If you wish to revoke this Authorization, you must notify UCA by submitting a revocation through the mail. Your decision not to execute this Authorization or to revoke it at any time will not affect your ability to use certain of the UCA Services. A Revocation of Authorization is effective after you submit it to UCA, but it does not have any effect on UCA’s prior actions taken in reliance on the Authorization before revoked.

Once UCA receives your Revocation of Authorization, UCA can only use and disclose your PHI as permitted under the law. Your Revocation of Authorization does not affect UCA’s use of your Non-PHI.

We will make available to Your Healthcare Provider(s), current and past, your agreement to or revocation of this Authorization.

Approved \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Record Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date last modified: January 21, 2016