



**RODNEY C. BIGGS, MD, PC**  
**GENERAL SURGERY**

1414 W. 4<sup>th</sup> Street, Gillette, WY 82716  
 PO Box 2406, Gillette, WY 82717  
 Phone: (307) 682-0026 Fax: (307) 682-0424  
 Rodney C. Biggs, MD, FACS

## **HIPAA/Confidentiality Agreement Notice of Privacy Practices**

As required by the Health Insurance Portability and Accountability Act of 1996, Rodney C. Biggs may not use or disclose your health information to anyone without your authorization, except as provided in the Notice of Privacy Practices for Protected Health Information (available upon request). Your signature at the bottom of this page indicates that you are giving permission to Rodney C. Biggs to discuss your medical care with the individuals listed below.

Name (please print)	Relationship	Phone Number
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- I understand that Rodney C. Biggs will rely on the information on this form when communicating with family members or others involved in my care
- I understand that I may revoke or make changes to this authorization at anytime
- I understand that if I revoke this authorization, I must do so in writing and present my written revocation to the office of Rodney C. Biggs

I have been made aware of the privacy policies of Rodney C. Biggs MD, PC. By signing below, I acknowledge I have certain rights to privacy in regards to my protected health information and can specify who this information is shared with. A copy of the Notice of Privacy Practices of Rodney C. Biggs MD, PC is available upon request.

Signature \_\_\_\_\_

Date \_\_\_\_\_