



# AUTHORIZATION TO DISCLOSE PROTECTED HEALTH INFORMATION

Printed Name of Patient

Previous Names, If Applicable

Date of Birth

Daytime Telephone Number

### SEND INFORMATION TO: (please be specific)

Provider Name/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

### INFORMATION TO BE RELEASED FROM: (please be specific)

Provider Name/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**PURPOSE OF DISCLOSURE:**  Transfer of care  Self  Specialist  Other \_\_\_\_\_ (must complete)

### INFORMATION TO BE DISCLOSED:

- Medical Records from last two years
- Summary Health Information
- Complete Designated Record Set
- Other \_\_\_\_\_

Dates of Service: \_\_\_\_\_

**Expiration Date (or event)** \_\_\_\_\_

If the patient is unable to sign, please indicate such and the authority to act of the person who is signing for the patient. This form must be dated within 90 days of receipt, and may be revoked at any time, providing the information has not already been disclosed. Please see our Notice of Privacy Practices for instructions as to how to revoke this authorization. We will not condition treatment on the completion of the authorization. Also, please be aware that once we disclose this information per your instructions the information is subject to re-disclosure and may no longer be protected by the HIPAA of 1996. As applicable, I have received a copy of the Notice of Privacy Practices. \_\_\_\_\_ (Patient Initials)

Date

Signature of patient or representative

Relationship to patient

### DISCLOSURES REQUIRING SPECIAL CONSENT:

My signature below specifically authorizes the release of healthcare information relating to the testing, diagnosis, or treatment for:

- HIV/AIDS Virus \_\_\_\_\_
- Mentally Health/Psychiatric Disorders \_\_\_\_\_
- Sexually Transmitted Diseases \_\_\_\_\_
- Drug, Alcohol Abuse/Treatment \_\_\_\_\_

Date

Signature of patient or representative

Relationship to patient

For Facility Use:		
Date Received: _____	Date Information Released: _____	Chart # _____
Person/Department Sending Records: _____		