



HIPAA Privacy Authorization Form

Authorization for Use or Disclosure of Protected Health Information

(Required by the Health Insurance Portability and Accountability Act - 45 CFR Parts 160 and 164)

I hereby authorize _____ to use &/or disclose the protected health information describe
(Name of Health Care Provider)

below to _____
(Name of Individual)

Authorization for Release of Information.

Covering the period of health care from _____ to _____ or _____ all past, present, and future periods.

____ I hereby authorize the release of my complete health record (including records relating to mental healthcare, communicable diseases, HIV or AIDS and treatment of alcohol/drug abuse).

____ I hereby authorize the release of my complete health record except for the following information:

- ☐ Mental Health
- ☐ Communicable Diseases(including HIV and AIDS)
- ☐ Alcohol/drug abuse treatment
- ☐ Other (please specify):

- ☐ This medical information may be used by the person I authorize to receive this information for medical treatment or consultation, billing or claims payment, or other purposes as I may direct.
- ☐ This authorization shall be in force and effect until _____, at which time authorization expires. • I understand that I have the right to revoke this authorization, in writing, at any time. I understand that a revocation is not effective to the extent that any person or entity has already acted in reliance on my authorization or if my authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim.
- ☐ I understand that my treatment, payment, enrollment, or eligibility for benefits will not be conditioned on whether I sign this authorization.

I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law.

Signature of Patient or Personal Representative

Date

Print Name of Patient or Personal Representative

Date

Relationship to Patient CONFIDENTIALITY NOTICE: This communication and any attachments may contain confidential and/or privileged information for the use of the designated recipients named above. If you are not the intended recipient, you are hereby notified that you have received this communication in error and that any review, disclosure, dissemination, distribution or copying of it or its contents is prohibited. If you have received this communication in error, please notify the sender immediately by email or telephone and destroy all copies of this communication and any attachments.

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