

AUTHORIZATION FOR DISCLOSURE RELEASE OF HEALTH INFORMATION/MEDICAL RECORDS

Pursuant to Health Insurance Portability and Accountability Act (HIPAA) 1996
45 CFR 164.512(e)(1)(iii)

A	Identification of Patient		
	Patient Name	Date of Birth	Social Security Number
B	Disclosing Entity		
	Name of Health Care Provider/Medical Office/Hospital		
C	Receiving Entity		
	Name of Person or Entity to whom information is to be release/disclosed		
D	Specific Information to be Released		
	Type of records to be requested	From	TO
	Entire Medical Chart		
	Pharmacy Records		
	Surgical / Operative Reports		
	Laboratory Results		
	Pathology Reports/Slides/Blocks		
	Psychotherapy Notes		
	X rays / MRI / CAT scan (Radiology)		
	Billing Records (Itemized Billing Statements)		
E	Sensitive Information		
	By initialing by the following sections, I allow the release of the following sensitive information:		
	Alcohol Treatment		Initial
	Drug/Chemical Dependency Treatment		Initial
	Mental Health Treatment		Initial
HIV / AIDS / STD Test / Results / Treatment			
F	Purpose		
	Reason for release of above information:		
	A) The purpose of the use or disclosure of protected health information is NOT to investigate or impose liability on any person for the mere act of seeking, obtaining, providing or facilitating reproductive health care or to indemnify any person for such purposes. <input type="checkbox"/> Check box if this applies		
	B) The purpose of the use or disclosure of protected health information IS to investigate or impose liability on any person for the mere act of seeking, obtaining, providing or facilitating reproductive health care, or to indemnify any person for such purposes, but the reproductive health care at issue WAS NOT lawful under the circumstances in which it was provided. <input type="checkbox"/> Check box if this applies		
G	Expiration Date		
Date or Event on which this authorization will expire (not to exceed 365 days):			
H	I understand that I may revoke this authorization in writing at any time by contacting the release of information at the facility listed above (in part B), except to the extent that action has been taken in reliance upon the authorization.		
I	I understand that information used or disclosed pursuant to this authorization may be subject to re-disclosure and no longer protected.		
J	I understand that I have a right to a copy of this authorization. A photo-static copy shall be considered as valid as the original.		
K	I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.		
L	Signature		
	Signature of person authorized to make release	Date	Printed Name
Capacity of person authorized to make release (if self, state "self")			

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INSTRUCTIONS	
Here are the instructions for completing page 1 of this authorization. Please complete as directed.	
Section A	To release records, facility will require Two (2) of the fields listed (Name, DOB, SSN or Home Address) completed as to identify patient (45 CFR 164.508)
Section B	The name or other specific identification of the person(s), facility, entity or class of persons authorized to release records or disclosed records being requested (45 CFR 164.508 [c][1][ii])
Section C	The name or other specific identification of the person(s), facility, entity or class of persons authorized to receive records that are being released by facility listed in section B (45 CFR 164.508 [c][1][iii])
Section D	The specific records that are being requested along with a date range. Check "Yes" box to indicate information being requested. Enter Date Range for information being requested. If requesting "any and all" records, use "entire medical chart" field, with a date range of "DOB to present" . (45 CFR 164.508 [c][1][i])
Section E	To release "Sensitive Information," requesting person must initial each box next to the information to be included. If no initial, information will not be released. Please note, in certain instances, releasing entity may require that each field be initialed or no records can be released (45 CFR 164.508 [b][a][2])
Section F	<p>A description of each purpose of the requested use or disclosure. The statement "at the request of the individual" is a sufficient description of the purpose when an individual initiate the authorization and does not, or elect not to, provide a statement of the purpose (45 CFR 164.508 [c][1][iv])</p> <p>The use or disclosure of PHI that is being requested is not for a purpose prohibited by the HIPAA Privacy Rule at 45 CFR 164.502 (a)(5)(iii) because of checking statement box at end of statement in A or B.</p>
Section G	An expiration date or an expiration event that relates to use or disclosure (45 CFR 164.508 [c][1][v])
Section L	<p>The signature of individual authorizing release of record AND date signed. If the authorization is signed by a personal representative of the individual, a description of such representative's authority to act for the individual must also be provided. (45 CFR 164.508 [c][1][vi])</p> <p>The individual signing may be subject to criminal penalties pursuant to 42 USC 1320d-6, if knowingly and in violation of HIPAA obtain individually identifiable health information relating to an individual or disclose individually identifiable health information to another person.</p> <p>If signed by other than person who's records are being requested, supporting documentation MUST be provided.</p> <p>If patient is alive, sufficient documentation can be the following: Medical Power of Attorney; General Power of Attorney (with medical decision clause); Guardianship papers.</p> <p>If patient is deceased, sufficient documentation can be the following (accompanied by a Certificate of Death): Letters Testamentary; Letters of Administration; Affidavit of Heirship; Affidavit of Surviving Spouse.</p>
CLAUSES REQUIRED ON ALL VALID HIPAA AUTHORIZATIONS	
Section H	Right to Revoke Clause (45 CFR 164.508[c][2][i])
Section I	Potential for Redisclosure Clause (45 CFR 164.508[c][2][iii])
Section J	Copy to Individual Clause (45 CFR 164.508[c][4])
Section K	No Conditions Clause (45 CFR 164.508[c][2][ii])
This authorization meets the outlines as provided in 45 CFR 164.508 [c][3]	