



Authorization for Use and Disclosure of Protected Health Information

Information Identifying the Individual Whose Records Are Being Requested

Name of Individual: _____ Date of Birth: _____

Information May Be Disclosed By:

Health Provider or Entity: _____ Phone #: _____
Address: _____

Information May Be Disclosed To:

Person/Entity: _____ Phone #: _____

Specific Information to be Disclosed:

Provide the *specific* dates of service requested. From: _____ To: _____

This form specifically includes a release of documents related to sensitive health conditions including drug, alcohol or substance abuse, psychological or psychiatric treatment, sickle cell anemia, birth control or family planning, genetic diseases or testing, tuberculosis, and HIV/AIDS or STDs.

Reason for Release of Information:

At the request of the individual
 Other: _____

Expiration Date: This authorization will expire (insert date or event) _____. I understand that if I fail to specify an expiration date or event, this authorization will expire twelve (12) months from the date it was signed.

Redisclosure: I understand that once the above information is disclosed, it might be redisclosed by the recipient and the information may no longer be protected by federal privacy laws or regulations.

Conditioning: I understand that signing this authorization form is voluntary. I realize that treatment, enrollment in a health plan, or eligibility for benefits, will not be conditioned upon my authorization of this disclosure.

Revocation: I understand that I have the right to revoke this authorization at any time by writing to the health provider or entity listed above. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization. I have had the opportunity to read and consider the contents of this authorization. I confirm that the contents are consistent with my direction.

Client/Legal Representative's Signature

Date

Printed Name

Legal Representative's Relationship to Client

If you are a legal representative of the person whose information you are requesting, you must provide documentation proving your legal authority to request this information (for example: power of attorney, guardianship papers, health care surrogate form, Order Appointing Personal Representative, Letters of Administration).