

PATIENT AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

Patient Name: _____ Date of Birth: _____ Today's Date: _____

By signing this authorization, I authorize Advocare Vernon Pediatrics to obtain certain protected health information (PHI) about me from:

_____ My current address & telephone number

_____ Phone: _____

This authorization permits the above to disclose the following Individually identifiable health information about me:

- _____ Immunization record
- _____ Entire medical record, which may include genetic, HIV/AIDS related, venereal disease, psychiatric and/or other patient information.
- _____ Other (specifically describe the information to be used or disclosed, such as dates of service, type of service level of detail to be released, origin of information, etc.)

The information will be used or disclosed for the following purpose:

- _____ Patient request (personal reasons)
- _____ Transfer of medical care
- _____ Employment related or to substantiate a disability claim
- _____ Other _____

This authorization will expire on the following: _____ Date: _____
_____ Event (relating to the patient's reason for disclosure)

This authorization proves that:

- I have a right to refuse to sign this authorization. I do not have to sign this authorization in order to receive treatment from Advocare Vernon Pediatrics.
- When my information is used or disclosed pursuant to this authorization, it may be subject to redisclosure by the recipient and may no longer be protected by the federal HIPAA Privacy Rule.
- I have the right to revoke this authorization except to the extent that the practice has acted in reliance upon this authorization. My written revocation must be submitted to the Privacy Officer at the above practice.
- I have the right to obtain a copy of this completed and signed authorization form.

Signature: _____ Date: _____

Relationship to patient (if signed by a personal representative of the patient) _____

For office use only
Date Received: _____ By: _____ BD: _____ Date Sent: _____ By: _____