

## Authorization to Use or Disclose My Health Information

Patient name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Previous name: \_\_\_\_\_

**I. MY AUTHORIZATION: You may use or disclose the following health care information (check all that apply):**

All my health information maintained by the practice.

I understand that this may include information related to substance abuse, sexually transmitted infections or psychiatric conditions. Please specify any information that should be EXCLUDED: \_\_\_\_\_

My health information relating to the following treatment or condition: \_\_\_\_\_

My health information for the date(s): \_\_\_\_\_

Other: \_\_\_\_\_

\*\*COPYING FEE MAY APPLY\*\*

**I authorize release of my health information from:**

\_\_\_\_\_  
Provider or Facility Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code

**You may disclose this health information to:**

\_\_\_\_\_  
Provider or Facility Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code

**Reason(s) for this authorization:**

- at my request  
 other (specify): \_\_\_\_\_

**This authorization ends:**

- one year from today  
 on (date): \_\_\_\_\_

**II. MY RIGHTS: I understand I do not have to sign this authorization in order to get health care benefits (treatment, payment or enrollment).**

I may revoke this authorization in writing. If I do, it will not affect any actions already taken by the practice based upon this authorization. I may not be able to revoke this authorization if its purpose was to obtain insurance. To revoke this authorization, fill out a revocation form at the office which owns the records in question, or write a letter to the office.

Once the office discloses health information, the person or organization that receives it may re-disclose it. Privacy laws may no longer protect it.

\_\_\_\_\_  
Patient or legally authorized individual signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name if signed on behalf of the patient

\_\_\_\_\_  
Relationship (e.g. parent, legal guardian, personal representative)