

AUTHORIZATION TO DISCLOSE  
PROTECTED HEALTH INFORMATION

JCH&L Fairbury Clinic is authorized to use/disclose Protected Health Information about:

PATIENT NAME \_\_\_\_\_ D.O.B. \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

RELEASE TO: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

INFORMATION TO BE DISCLOSED:

\_\_\_\_ Complete Medical Record    \_\_\_\_ Final Summary    \_\_\_\_ Radiology/Lab Results

\_\_\_\_ Dictated & Signed Progress Notes    \_\_\_\_ H & P    \_\_\_\_ Other(Specify) \_\_\_\_\_

INFORMATION WILL BE USED/DISCLOSED FOR THE FOLLOWING PURPOSES:

\_\_\_\_ Insurance    \_\_\_\_ Moving/Transferring to another Physician    \_\_\_\_ Judicial Proceedings

Other (Specify) \_\_\_\_\_

I understand that the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and drug abuse.

I understand that if the person or entity that receives this information is not a health care provider or health plan covered by federal privacy regulations, the information described above may be disclosed and no longer protected by these regulations. However, the recipient may be prohibited from disclosing substance abuse information under the Federal Substance Abuse Confidentiality Requirements.

I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment or payment or my eligibility for benefits. I may inspect or copy any information used/disclosed under this authorization.

The authorization is effective for 1 year after it is signed. I understand that I may revoke this authorization in writing at any time except to the extent that action has been taken in reliance of this authorization.

\_\_\_\_\_  
Signature of patient or personal representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to patient if signed by personal representative

05/2017