**Patient Authorization for Disclosure of Protected Health Information**

**Patient Name** (please print)

_____ _____ _____
Name Birthdate SS#

**Purpose of request** - I authorize:

_____ ____ Mail It
Provider Name / Organization

_____ ____ Fax it to (307) 686-7420
Address

_____
City, State, Zip

to disclose or provide protected health information, about me, to

**Family Health**
**407 S. Medical Arts Court, Suite D**
**Gillette, WY 82716-3372**
**(307) 686-0308, Fax (307) 686-7420**

**Description of information to be disclosed** - I authorize the above named provider to disclose the following protected health information about me to **Family Health**:
(<u>what information</u> do you want to be released, AND what <u>dates of service</u>, be specific):

**Date(s) of Service**: _____

| | | |
|---|---|---|
| ____ Progress Notes | ____ Laboratory/Pathology | ____ Billing |
| ____ History/Physical | ____ EKG/GXT | ____ X-ray |
| ____ Medicines | ____ Complete Medical Record | |

____ Other: _____

**Purpose of disclosure** – (<u>why</u> are you releasing this information about yourself):

| | |
|---|---|
| ____ Continue medical care | ____ Transferring care to Family Health |
| ____ Personal use | ____ Surgery |

____ Other: _____

**Expirations or termination of authorization** – This authorization <u>will expire at the end of one year from the time you sign it</u>, unless you specify an earlier termination.
Date you want this authorization to end: _____

**Right to revoke or terminate** –You have specific rights to revoke or terminate this authorization by submitting a written request to the Privacy Manager of the above named provider.

**Redisclosure** – We have no control over the person(s) you have listed to receive your protected health information. Therefore, your protected health information disclosed under this authorization will no longer be protected by the requirements of the Privacy Rule and will <u>no longer</u> be the responsibility of the releasing authority**.**

_____

Patient signature Relation/Authority Today's Date

Rev 11/03