

Facility Name or Letter Head

AUTHORIZATION FOR USE AND/OR DISCLOSURE  
OF PROTECTED HEALTH INFORMATION

DATE: \_\_\_\_\_ CHART #: \_\_\_\_\_ D.O.B: \_\_\_\_\_

PATIENT'S NAME: \_\_\_\_\_ PROVIDER: \_\_\_\_\_

I HEREBY AUTHORIZE (**FACILITY NAME**) TO RELEASE  
MY MEDICAL RECORDS TO: \_\_\_\_\_

- \_\_\_\_\_ A COPY OF ALL INFORMATION CONCERNING MY ILLNESS  
\_\_\_\_\_ A COPY OF THE X-RAY REPORT(S) OF \_\_\_\_\_  
\_\_\_\_\_ A COPY OF THE LABORATORY REPORT(S) OF \_\_\_\_\_  
\_\_\_\_\_ A SUMMARY OF CARE FROM PROVIDER \_\_\_\_\_

I specifically authorize the release of information relating to:

- Substance abuse (including alcohol/drug abuse)
- Mental Health (including psychotherapy notes)
- HIV related information (AIDS related testing)

X

\_\_\_\_\_  
Signature of Patient or Legal Guardian

\_\_\_\_\_  
Date

**Duration:** This authorization shall become effective immediately and shall remain in effect until, \_\_\_\_\_ or for one year.

**Date**

**Revocation:** My written revocation will be effective upon receipt, but will not be effective to the extent the requester or others have acted in reliance upon this authorization.

**Redisclosure:** I understand that the requester may not lawfully further use or disclose the health information unless another authorization is obtained from me or unless such use or disclosure is specifically required or permitted by law.

This information is requested for the following purpose (Check all that apply)

\_\_\_\_\_ Medical \_\_\_\_\_ Legal \_\_\_\_\_ Personal \_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PATIENT OR LEGAL GUARDIAN

\_\_\_\_\_  
Date

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
Date

**CONFIDENTIALITY NOTICE**

*This information is confidential, intended for the use of the addressee listed above. If you are neither the intended recipient nor the employee or agent responsible for delivering this transmission to the intended recipient, you are hereby notified that any disclosure, copying, distribution*

(Facility Name) all requests will be processed in 10 days.

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*or the taking of any action in reliance on the contents of this transmission is strictly prohibited. If you have received this transmission in error, please immediately notify us.*