HATTIESBURG CLINIC

Authorization to Disclose Protected Health Information

Name: ___________________________________

Date of Birth: _____________________________

History #: ________________________________

Physician: ________________________________

LABEL

I, ______________________________________ hereby authorize the following people to have access to
(Name of patient, parent, or legal guardian)
medical information of ____ whether oral, written, or
(Name of Patient)
electronic. I understand this may include information about behavioral or mental health services, and referral and/or treatment for alcohol and drug abuse.

Name	Relationship
____________________	____________________
____________________	____________________
____________________	____________________
____________________	____________________

By signing this form, I hereby authorize you to discuss my medical condition, treatment, and prognosis with anyone whose name appears above. I understand that if I give permission, I have the right to change my mind and revoke it. This must be in writing to the facility that maintains the individual's records that I authorized on this form. However, I understand that any revocation will be effective only to the extent that the facility has not already disclosed my PHI based on this authorization. I understand that if the persons or organizations I authorize to receive and/or use the protected health information described above are not subject to federal health information privacy laws, they may further disclose the protected health information and it may no longer be protected by federal health information privacy laws.

This authorization expires five (5) years from date of signature.

*If someone other than the patient (e.g. Power of Attorney) is requesting authorization, you must submit the appropriate legal documentation if it is not already on file with our office.

______________________________ ______________________________
Signature of Patient, Parent, or Legal Guardian Date

______________________________ ______________________________
Witness Date

10110

(8/27/08)