



Authorization for the Release of Protected Health Information

* Required Information

*Name: _____ Contact #: (____) _____

*Date of Birth: ____/____/____

<p>*Release from:</p> <hr/> <p align="center">(Name of Group)</p> <p>Address:</p> <hr/> <p>City: _____</p> <p>Zip: _____</p> <p>Sender: _____</p>	<p>*Send to:</p> <hr/> <p align="center">(Name of Recipient)</p> <p>Email (preferred):</p> <hr/> <p>Fax: _____</p> <p>Address:</p> <hr/> <p align="right">(3-5 days by mail)</p>
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*I authorize the following PHI for disclosure: Circle or highlight

- Operative Notes ER Report History and Physical Labs Imaging
- Office Visit Note/s Discharge Summary Physicians Orders Consultation
- Entire Chart Specify Other: _____

*Date Range: ____/____/____ - ____/____/____ or Present

I authorize the release of any records regarding drug, alcohol, or mental health treatment to the person(s) listed above. *____ (initial). **I authorize** the release of my STD results, HIV/AIDS testing, whether negative or positive, to the person(s) listed above. **I understand** that the person(s) listed above will be notified that I must give specific written permission before disclosure of these test results to anyone.

*____ (initial)

I understand that I have the right to revoke this authorization at any time. **I understand** that I must do so in writing and present the written revocation to entity requesting from. **I understand** that the revocation will not apply to information that has already been released to this authorization. **I understand** that information disclosed by this authorization, except for Alcohol and Drug Abuse as defined in 42 CFR Part 2, may be subject to re-disclosure by the recipient and may no longer be protected by the Health Insurance Portability and Accountability Act Privacy Rule [45 CFR Part 164] , and the Privacy Act of 1974 [5 USC 552a]

* Patient's Signature: _____ * Date: _____

This authorization expires one year from the above dated signature.

Acton Corporation contracts to provide records requests 205.408.6030 or 888.678.7227 for status check.