

Strafford Health Alliance

AUTHORIZATION FOR PRACTICE'S DISCLOSURE OF PROTECTED HEALTH INFORMATION

I _____, D.O.B. _____, authorize Strafford Health Alliance to release/disclose my Protected Health Information from WLIC MBRS STA Vascular to:

(name of person(s) or organization(s), address, and telephone number to which disclosure to be made)

The information to be disclosed includes: Entire medical record, or (specify items): _____

(portions of medical record, films/images, lab results, billing information, etc.). The information may be used for the purpose of _____.¹

The information to be disclosed may be in the form of an electronic or physical copy of my Protected Health Information, or verbal communication.

I understand that the information used or disclosed may be subject to re-disclosure by the recipient and would then no longer be protected by federal privacy regulations.

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.

I understand that I may revoke this authorization in writing at any time by notifying Strafford Health Alliance's Privacy Officer except to the extent that action has already been taken in reliance on this authorization. This authorization expires _____ (insert applicable date or event; if no date specified, this authorization will expire 12 months from the date it is signed).

To the extent my record contains information about HIV test results _____, mental health records _____, substance abuse records _____ or genetic testing _____, I hereby grant authorization to release such information. (Patient/representative must initial each to be released)

Signature of Patient or Representative: _____

Patient's Name Date: _____

Name of Personal Representative (if applicable) Relationship to Patient

(A copy of this signed form will be provided to the patient)

¹ If the authorization is initiated by the individual, and the individual elects not to state the purpose, it is sufficient to state that the information is disclosed "at the request of the individual."