

AUTHORIZATION FOR USE/DISCLOSURE OF PROTECTED HEALTH INFORMATION

I authorize the use/disclosure of health information about me as described below:

Patient Name: _____ Patient Date of Birth _____

- A. Organization authorized to provide the information: George Georgakakis, MD
- B. Person(s) or Organization(s) authorized to receive the information:
Physician/Facility: _____
Address: _____
- C. Specific description of the information that may be used or disclosed (including dates):

- D. Specific description of how the information will be used:

1. I understand that this information will expire on _____
2. I understand that I may revoke this authorization (except to the extent that action was already taken in reliance on this signed authorization) at any time by notify our office in writing.
3. I understand that I can refuse to sign this authorization and that my refusal will not affect my ability to obtain treatment, payment or my eligibility for benefits (if applicable).
4. I may inspect or copy any information used or disclosed under this agreement.
5. I understand that if the person or organization that receives the information is not a healthcare provider or plan covered by federal privacy regulations, the information above may be redisclosed and would no longer be protected by these regulations.

_____ Patient or Patient Representative Signature	_____ Date
_____ Print Name of Patient or Patient Representative	_____ Relationship to Patient

NOTE: You have the right to know specifically what information you are authorizing for release (e.g., "results of a lab test performed on 1/4/03" or if your entire medical record is included, "all health information").

You have the right to know the name(s) or other identification of the person(s) or organization(s) authorized to release the information (e.g., the names of your health care provider).

You have the right to know who is going to use it and what it is going to be used for (e.g., John Smith, Ph.D./Research).

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HIPAA Authorization for the Use/Disclosure of Protected Health Information