



4444 N. 32<sup>nd</sup> Street, Ste 175, Phoenix, AZ 85018 602-952-0002 phone

Authorization for Use and Disclosure of Protected Health Information

Patient Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

I hereby authorize:

Physician or Hospital: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

To release copies of medical records concerning the above patient to:

Physician or Hospital: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

For the following purposes: (describe each purpose of use/disclosure – if disclosing different types of information below for different purposes, the authorization must specify the purpose for which each type of information is being disclosed).

\_\_\_\_\_

Type of Information to be Disclosed

\_\_\_ Progress Notes \_\_\_ Test Results \_\_\_ Lab Results \_\_\_ All Records \_\_\_ Other \_\_\_\_\_

In addition, I authorize that this will include health information relating to (check if applicable):

\_\_\_ HIV/AIDS Infection \_\_\_ Drug/Alcohol Abuse \_\_\_ Mental Health \_\_\_ Genetic Testing

Signature of Patient or Legal Representative \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Patient's Representative (if applicable): \_\_\_\_\_

Relationship to Patient (if applicable)

\_\_\_ Parent or guardian of unemancipated minor \_\_\_ Court appointed guardian

\_\_\_ Executor or administrator of decedent's estate \_\_\_ Power of Attorney (POA)

- 1) This authorization is voluntary and I may refuse to sign this authorization without affecting my health care or the payment for my health care.
2) I have the right to request a copy of this form after I sign it as well as inspect or copy any information to be used and/or disclosed under this authorization (if allowed by state and federal law. See 45 CFR 164.524).
3) I may revoke this authorization at any time by notifying Biltmore Cardiology in writing as set forth in the Notice of Privacy Practices. However, it will not affect any actions taken before the revocation was received or actions taken in reliance thereon, or if the authorization was obtained as a condition of obtaining insurance coverage and other applicable law provides the insurer with the right to contest a claim under the policy.
4) Biltmore Cardiology agrees to maintain the confidentiality of my protected health information; however, if the person or organization authorized to receive the information is not a health plan, health care clearinghouse or health care provider, federal law (HIPAA) requires me to be advised that information used or disclosed pursuant to this authorization may be subject to re-disclosure and may no longer be protected by HIPAA rules.