

Edward Rubin: HIPAA PRIVACY AUTHORIZATION FORM

Authorization for Use or Disclosure of Protected Health Information (Required by the Health Insurance Portability & Accountability Act, 45 C.F.R. Parts 160 and 164)

1.) Authorization

I authorize _____ (Edward S. Rubin) to use and disclose the protected health information described below to _____ (individual seeking the information).

2.) Effective Period

This authorization for release of information covers the period of healthcare from:

a. _____ to _____ **OR** b. ___ all past, present, and future periods.

3.) Extent of Authorization

a. ___ I authorize the release of my complete health record (including records relating to mental healthcare, communicable diseases, HIV or AIDS, and treatments of alcohol or drug abuse).

OR

b. ___ I authorize the release of my complete health record with exception of the following information:

___ Mental health records

___ Communicable diseases (including HIV & AIDS)

___ Alcohol/drug abuse treatment

___ Other (please specify): _____

4.) This medical information may be used by person I authorize to receive this information for medical treatment or consultation, billing or claims payment, or other purpose as I may direct.

5.) This authorization shall be in force and effect until _____ (date or event), at which time this authorization expires.

6.) I understand that I have the right to revoke this authorization, in writing, at any time. I understand that revocation is not effective to extent that any person or entity has already acted in reliance on my authorization or if my authorization was obtained as a condition of obtaining insurance coverage and the insurer has legal right to contest a claim.

7.) I understand that my treatment, payment, enrollment, or eligibility for benefits will not be conditioned on whether I sign this authorization.

8.) I understand that information used or disclosed pursuant to this authorization may be disclosed by recipient and may no longer be protected by federal or state law.

Patient Signature: _____ **Date:** _____

***If Minor* Legal Guardian & Relationship:** _____ **Date:** _____

1.) Effective Period: _____ **End Date:** _____

