



## AUTHORIZATION FORM FOR RELEASE OF PROTECTED HEALTH INFORMATION

I,, hereby authorize the following physician and/or practice:, ("practice") to use and disclose the
protected health information described below for the following purpose(s):
This use or disclosure will be made by the office staff of this practice.
The health information to be used and/or disclosed is specifically described as follows:
The person or class of persons to whom the information will be disclosed or who will use the information is:
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The practice is hereby authorized to make the disclosure to these classes of persons and the aforementioned classes of persons are hereby authorized to use or disclosed the information.
This authorization shall be in force and effective until the following event and/or date:
I understand that I have the right to revoke this authorization, in writing, at any time by sending
such written notification to the following person at the practice: a the following address I understand that a
the following address I understand that a revocation is not effective to the extent that the practice has relied on this authorization in its actions
Also, a revocation is not effective to the extent that the practice has relied on this authorization in its actions Also, a revocation is not effective if this authorization was obtained as a condition of obtaining insurance coverage, as other law provides the insurer with the right to contest a claim under the policy or the policy itself.

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I understand that information used or disclosed pursuant to this authorization may be subject to redisclosure by the recipient and may no longer be protected by federal HIPAA privacy regulations. The practice will not condition my treatment, payment, enrollment in a health plan or eligibility for benefits on whether I provide authorization for the requested use or disclosure.

Signature of Patient or Personal Representative
Date
Name of Patient or Personal Representative
Description of Personal Representative's Authority

NOTICE: The Office of the General Counsel of the Texas Medical Association provides this information with the express understanding that 1) no attorney-client relationship exists, 2) neither TMA nor its attorneys are engaged in providing legal advice and 3) that the information is of a general character. You should not rely on this information when dealing with personal legal matters; rather legal advice from retained legal counsel should be sought.

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