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AUTHORIZATION TO RELEASE INFORMATION/PROTECTED HEALTH INFORMATION

I, ______________________________ authorize Dr. Stephanie Swales to release to and/or obtain from:

Name of individual or organization: ____

Address: ____

____

____

Phone: ____

Fax: ____

the information regarding ________________________________ , Date of Birth ___________

I, undersigned, understand that I may revoke this authorization, in writing, at any time except to the extent that action has been taken in reliance upon it or if this authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim. In any event this consent shall expire six months after the date of patient discharge from treatment, unless another date, event, or condition is specified.

Optional: Specified Date: ____________, or event _____________or condition______________

I further understand that services may not be made contingent upon my signing an authorization unless the services are provided to me for the purpose of creating health information for a third party. I further understand that information used or disclosed pursuant to this authorization may be subject to redisclosure by the recipient of your information and may no longer be protected by the HIPAA Privacy Rule.

By my signature below, I am authorizing the purpose of the release to be at the request of the individual unless otherwise stated below. I am also authorizing release of any and all protected health information unless otherwise stated below.

Optional: Purpose of release of information ____

Optional: Released information will be limited to:

____

Signature: Patient: ____ Date: _______________

OR Parent or Guardian or Personal Representative: ___________________________________

If the patient is either under age or has a guardian appointed by the court, this authorization must be signed by the patient's legal guardian. If the authorization is signed by a personal representative of the patient, a legal description of such representative's authority to act for the patient must be provided.