

HIPAA Privacy Authorization Form

RE: Authorization for Use or Disclosure of Protected Health Information

1. I [Name of Individual] pursuant to Health Insurance Portability and Accountability Act – 45 CFR Parts 160 and 164 hereby authorize any and all of my doctors, hospital, insurance company, and all other of my health care providers to use and/or disclose any and all of my protected health information described below to [Name of Agent], who I am appointing to act as my personal representative.

2. This authorization shall be in force and effect for five years from the date of my signature below, at which time this authorization expires.

3. I hereby **authorize the release of my complete health record** (including records relating to mental health care, communicable diseases, HIV or AIDS, and treatment of alcohol/drug abuse). **OR**

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

Mental health records

Communicable diseases (including HIV and AIDS)

Alcohol/drug abuse treatment

Gynecological treatment

Other (please specify): _____

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

5. I understand that I have the right to revoke this authorization, in writing, at any time. I understand that a revocation is not effective to the 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 a legal right to contest a claim.

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

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

Signature

Date

Signature Personal Representative

Date