PHI Use and Disclosure Authorization

Name of person or individual: ______________________ ________________ __________

Last Name First Name Middle Name

Date of Birth: ________/________/ ________

Month Day Year

Address: ____

I authorize ________________to use and disclose the following protected health information:

____ All Records of Treatment ____Pathology Reports ____Consultations ____Immunization Records

____ Other Diagnostic Test Reports

Purpose of Disclosure: ☐At request of patient ☐Continuing Care ☐Personal Records ☐Legal ☐Insurance ☐Other

Name of Entity or Person(s) to Receive Information:

______________________ ____

Name Address

______________________ ____

Name Address

Release of the following information requires specific authorization. Initial by those that apply:

_____ HIV / AID testing / Treatment Records

_____ Drug, Alcohol or Substance Abuse Records

_____ Mental Health Records (excludes psychotherapy)

_____ Genetic Markers

I understand that I have the right to terminate or revoke this authorization at any time. To do so, my request must be provided to your office in writing. Written requests can be sent to 6911 Van Dorn Ste 1 Lincoln, NE 68506-6801. I understand that revocation is not effective if my authorization was obtained as a condition of obtaining insurance coverage.

I understand that this authorization is effective 12 months from signature date unless a different expiration date is provided

________/_____/_____(specify new date)

I understand that information that is disclosed under this authorization may be disclosed by the recipient, as such the privacy of this information may not be protected under the Federal Privacy Rule depending on whom the information is disclosed to. I understand that my authorization is not required as a condition to receive treatment, payment, or enrollment or eligibility for benefits.

____

Name of patient or Personal Representative (Type/Print)

____ ____________________

Signature of Patient or Personal Representative Date

____

Description of Personal Representative's Authority