

1965 1st Avenue, Opelika, AL 36801

Phone: 334-705-0012

HIPAA AUTHORIZATION FORM

Patient Name:

DOB: _____

I authorize East Alabama Ear, Nose and Throat, PC to use and disclose the above mentioned patient's, protected health information (PHI) listed below upon my request. This includes faxing this information to designated entities or persons.

Appointments Restrictions Medications Diagnosis

Released from care Date of visit Reason for visits

Entity or person(s) authorized to receive this information: **Fax Number:**

School/Daycare/Preschool Camp Truant Employer
Personal Representative's Employer Officer Social Parole Officer
Family/Friends Worker

This PHI is being used or disclosed for the following purposes:

Work/School Excuse To verify restrictions Verify return to work/school

This authorization shall be in force and effect until the time or event specified below, at which time this authorization to use and disclose this PHI information expires.

Date _____ No longer in school Employment terminated
Released from care Child reaches age of majority

I understand that I have the right to revoke this authorization, in writing, at any time by sending such written notification to the practice's Privacy Officer at 1965 1st Avenue, Opelika, AL 36801. I understand that a revocation is not effective to the extent that my physician has relied on the use or disclosure of the PHI or if my authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim.

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 of Patient or Personal Representative

Date

Fax back to 334-705-0378.

Person / Facility Receiving Information

I authorize the release of my protected health information to the following individual or organization:

Name (Person or Facility): _____

Relationship to Patient: _____

Address: _____

Phone Number: _____ Fax Number: _____

Email (if applicable): _____

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Phone Number: _____ Fax Number: _____

Email (if applicable): _____

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