HIPAA Privacy Authorization Form Authorization for Use or Disclosure of Protected Health Information

Authorization for Use or Disclosure of Protected Health Information (Required by the Health Insurance Portability and Accountability Act — 45 CFR Parts 160 and 164)

1.	I hereby author	nize all medical service sources and health care providers to use and/or	r disclose the
	ted health informalth care named _	nation ("PHI") described below to my agent identified in my durable	power of attorney
2.	Authorization	for release of PHI covering the period of health care (check one) from (date) to (date) all past, present and future periods.	OR
3.		orize the release of PHI as follows (check one): my complete health record (including records relating to mental he diseases, HIV or AIDS, and treatment of alcohol/drug abuse). OR my complete health record with the exception of the following infropriate):	-01200 F- 11200000 E
		Mental health records Communicable diseases (including HIV and AIDS) Alcohol/drug abuse treatment Other (please specify):	
Author		the authorization for release of my PHI described in paragraphs 3 a and rize disclosure of information regarding my billing, condition, treatment al(s):	
	Name tt	Relationship	
	Name	Name	
	Name	Relationship	
		information may be used by the persons I authorize to receive this info on, billing or claims payment, or other purposes as I may direct.	rmation for medical
6.	This authorization shall be in force and effect until nine (9) months after my death or, (date or event) at which time this authorization expires.		
revoca authori	tion is not effect	hat I have the right to revoke this authorization, in writing, at any time, tive to the extent that any person or entity has already acted in reliance authorization was obtained as a condition of obtaining insurance cover stest a claim.	on my
	I understand the other I sign this a	hat my treatment, payment, enrollment, or eligibility for benefits will n authorization.	oot be conditioned
		hat information used or disclosed pursuant to this authorization may be onger be protected by federal or state law.	disclosed by the
		Date:	
Signati	ure of Patient	Date:	

Sample Hipaa Privacy Form 2013

Susan K. Grove, Jennifer R. Gray, Nancy Burns

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Enjoying the Tune of Expression: An Emotional Symphony within Sample Hipaa Privacy Form 2013

In some sort of consumed by screens and the ceaseless chatter of fast transmission, the melodic splendor and emotional symphony created by the prepared word often diminish into the back ground, eclipsed by the constant noise and disruptions that permeate our lives. But, set within the pages of **Sample Hipaa Privacy Form 2013** a stunning literary value full of raw feelings, lies an immersive symphony waiting to be embraced. Constructed by an elegant musician of language, that fascinating masterpiece conducts readers on an emotional journey, well unraveling the hidden songs and profound affect resonating within each carefully crafted phrase. Within the depths of this moving examination, we shall discover the book is main harmonies, analyze its enthralling writing design, and surrender ourselves to the profound resonance that echoes in the depths of readers souls.

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