

I, _____, AUTHORIZE THE DISCLOSURE OF MY PROTECTED HEALTH INFORMATION AMERICAN HEALTH CARE IS BOUND BY PRIVACY REGULATIONS (INCLUDING HIPPA AND HITECH) AND WILL NEVER RELEASE YOUR PROTECTED HEALTH INFORMATION (PHI) TO ANYONE UNLESS THAT RELEASE IS NECESSARY TO PROVIDE YOU WITH THE CARE THAT YOU HAVE REQUESTED. YOUR PHI WILL NEVER BE SOLD TO A THIRD PARTY.

THIS AUTHORIZATION IS VOLUNTARY AND REPRESENTS YOUR PERSONAL INTENTIONS. YOU UNDERSTAND THAT AMERICAN HEALTH CARE WILL ONLY RELEASE YOUR PHI AS NEEDED TO PROVIDE CARE ACCORDING TO YOUR SPECIFIC PLAN OR TO COORDINATE PAYMENT FOR THAT CARE. ¹ A COMMON EXAMPLE OF SUCH DISCLOSURE WOULD BE AMERICAN HEALTH CARE COMMUNICATING WITH YOUR NETWORK PRIMARY CARE PHYSICIAN TO DISCUSS YOUR TREATMENT. BY SIGNING BELOW, YOU AUTHORIZE AMERICAN HEALTH CARE TO USE AND DISCLOSE YOUR PHI ONLY AS PROVIDED BY LAW AND IN ACCORDANCE WITH THE STANDARDS ESTABLISHED IN HIPPA.

IF YOU SO DESIRE, YOU MAY ALSO AUTHORIZE THE FOLLOWING PERSON(S) TO RECEIVE YOUR PHI FROM AMERICAN HEALTH CARE. RECEIPT BY A PRIVATE INDIVIDUAL MAY NOT BE PROTECTED UNDER FEDERAL LAW AND STATE HEALTH INFORMATION PRIVACY LAWS IF THE PERSON(S) THAT YOU AUTHORIZE TO RECEIVE MY PHI IS(ARE) NOT SUBJECT TO SUCH LAWS. (COMMON EXAMPLES OF PEOPLE YOU MIGHT WANT TO AUTHORIZE INCLUDE SPOUSES, CHILDREN, OUT OF NETWORK PHYSICIANS, OR ANYONE ELSE THAT IS NOT A PART OF THE PLAN BUT WHO YOU WOULD LIKE TO BE ABLE TO COMMUNICATE WITH AMERICAN HEALTH CARE ABOUT YOUR CARE.)

Name: _____ Address: _____ _____ _____	Name: _____ Address: _____ _____ _____
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[AUTHORIZATION TO DISCLOSE PSYCHOTHERAPY NOTES MUST BE SPECIFICALLY STATED.]

I CERTIFY THAT I HAVE HAD THE OPPORTUNITY TO READ AND CONSIDER THE CONTENTS OF THIS AUTHORIZATION. THIS AUTHORIZATION IS IN EFFECT UNTIL REVOKED.

Signature of Patient [or person legally authorized to consent to disclosure] _____	Date Signed: _____
Relationship to Patient [for person legally authorize to consent disclosure] _____	

¹ AS DESCRIBED UNDER THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 OR HIPPA [45 CFR 164] AND HEALTH INFORMATION TECHNOLOGY FOR ECONOMIC AND CLINICAL HEALTH OR HITECH [PUBLIC LAW 111-5] WHICH APPLY PRIVACY AND SECURITY RULES TO HEALTH PLANS, HEALTHCARE PROVIDERS, HEALTHCARE CLEARINGHOUSES, AND BUSINESS ASSOCIATES OF COVERED ENTITIES.