



2217 Plaza Drive
Rocklin, CA 95765

**Authorization for Disclosure of
Protected Health Information ¹**

I, _____, authorize the disclosure of my protected health information ¹
[please print full name]

("PHI") to American Health Care Administrative Services, Inc. (dba American Health Care), as described below.

I understand that this authorization is voluntary and represents my personal intentions and that federal law allows American Health Care to release my PHI as part of the payment of claims or as part of its daily operations to the extent minimally necessary. ² I also understand that American Health Care may need to disclose my PHI to others outside of the American Health Care organization for the purpose of providing services related to my specific plan. As a result, I authorize American Health Care to disclose my PHI as provided by law and in accordance with the standards established in HIPAA.

I also authorize the following person(s) and/or organization(s) to DISCLOSE AND/OR RECEIVE my PHI. I understand that subsequent receipt by such person(s) and/or organization(s) may not be protected under federal law and state health information privacy laws if the person(s) and/or organization(s) that I authorize to receive my PHI is(are) not subject to such laws.

| | |
|----------------|----------------|
| Name: _____ | Name: _____ |
| Address: _____ | Address: _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

[Authorization to disclose psychotherapy notes must be separate.]

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 (other than patient) who is legally authorized to consent to disclosure] _____

¹ Protected health information (PHI), as defined under 45 CFR § 501, means any information – whether oral or recorded in any form or medium – that may reasonably be used to identify the individual and that relates to: a) the past, present, or future physical or mental condition of an individual; (b) the provision of health care to an individual; or (c) the past, present, or future payment for the provision of health care to an individual.

² As described under the Health Insurance Portability and Accountability Act of 1996 or HIPAA [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.