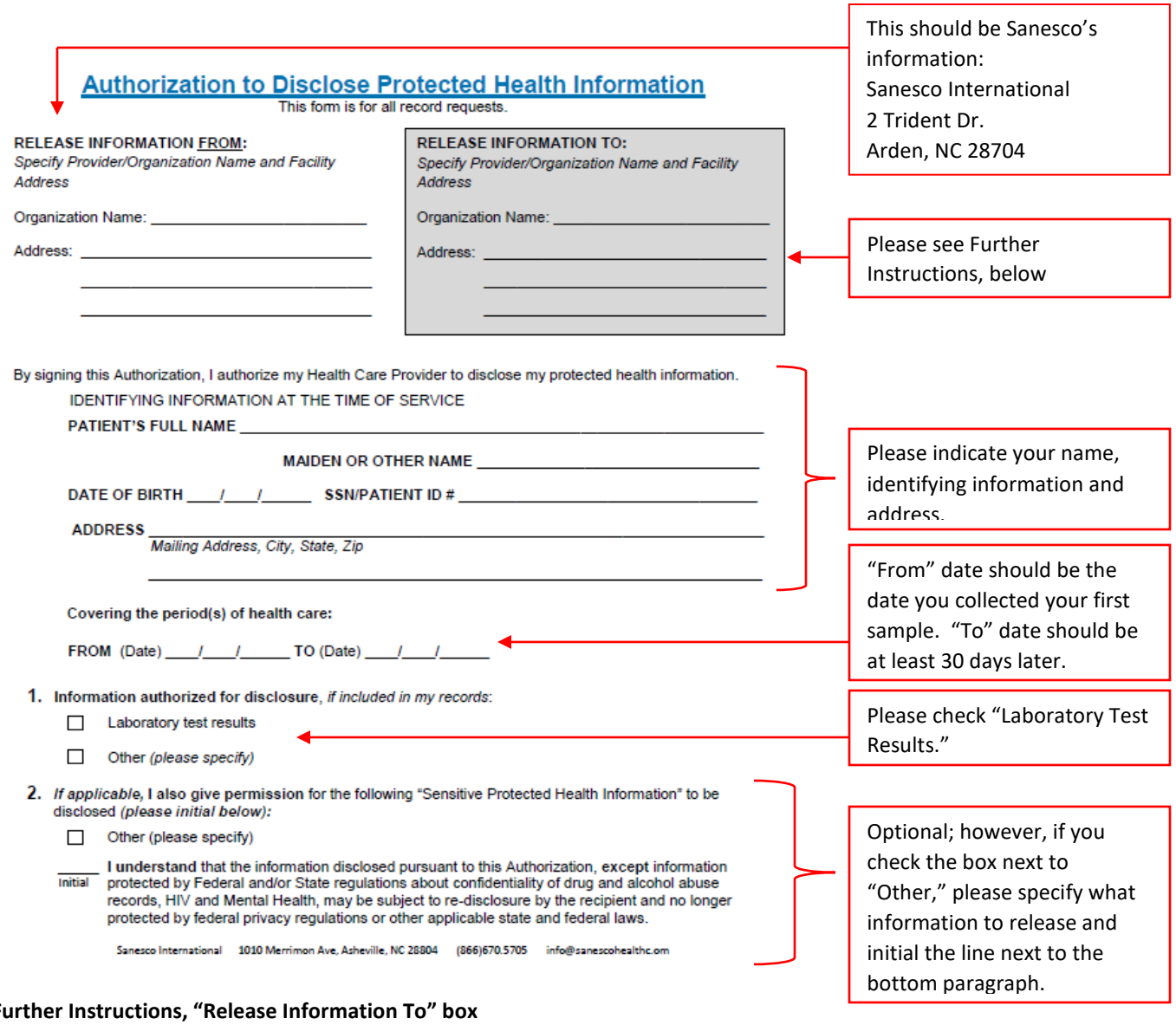
Completing an Authorization to Disclose Protected Health Information Form



Authorization to Disclose Protected Health Information

This form is for all record requests.

RELEASE INFORMATION FROM:
Specify Provider/Organization Name and Facility Address

Organization Name: _____

Address: _____

_____

_____

RELEASE INFORMATION TO:
Specify Provider/Organization Name and Facility Address

Organization Name: _____

Address: _____

_____

_____

By signing this Authorization, I authorize my Health Care Provider to disclose my protected health information.

IDENTIFYING INFORMATION AT THE TIME OF SERVICE

PATIENT'S FULL NAME _____

MAIDEN OR OTHER NAME _____

DATE OF BIRTH ____/____/_____ **SSN/PATIENT ID #** _____

ADDRESS _____
Mailing Address, City, State, Zip

_____

Covering the period(s) of health care:

FROM (Date) ____/____/_____ **TO** (Date) ____/____/_____

1. **Information authorized for disclosure**, *if included in my records*:
   - ☐ Laboratory test results
   - ☐ Other *(please specify)*

2. ***If applicable*, I also give permission** for the following "Sensitive Protected Health Information" to be disclosed ***(please initial below):***
   - ☐ Other (please specify)

   _____ Initial **I understand** that the information disclosed pursuant to this Authorization, **except** information protected by Federal and/or State regulations about confidentiality of drug and alcohol abuse records, HIV and Mental Health, may be subject to re-disclosure by the recipient and no longer protected by federal privacy regulations or other applicable state and federal laws.

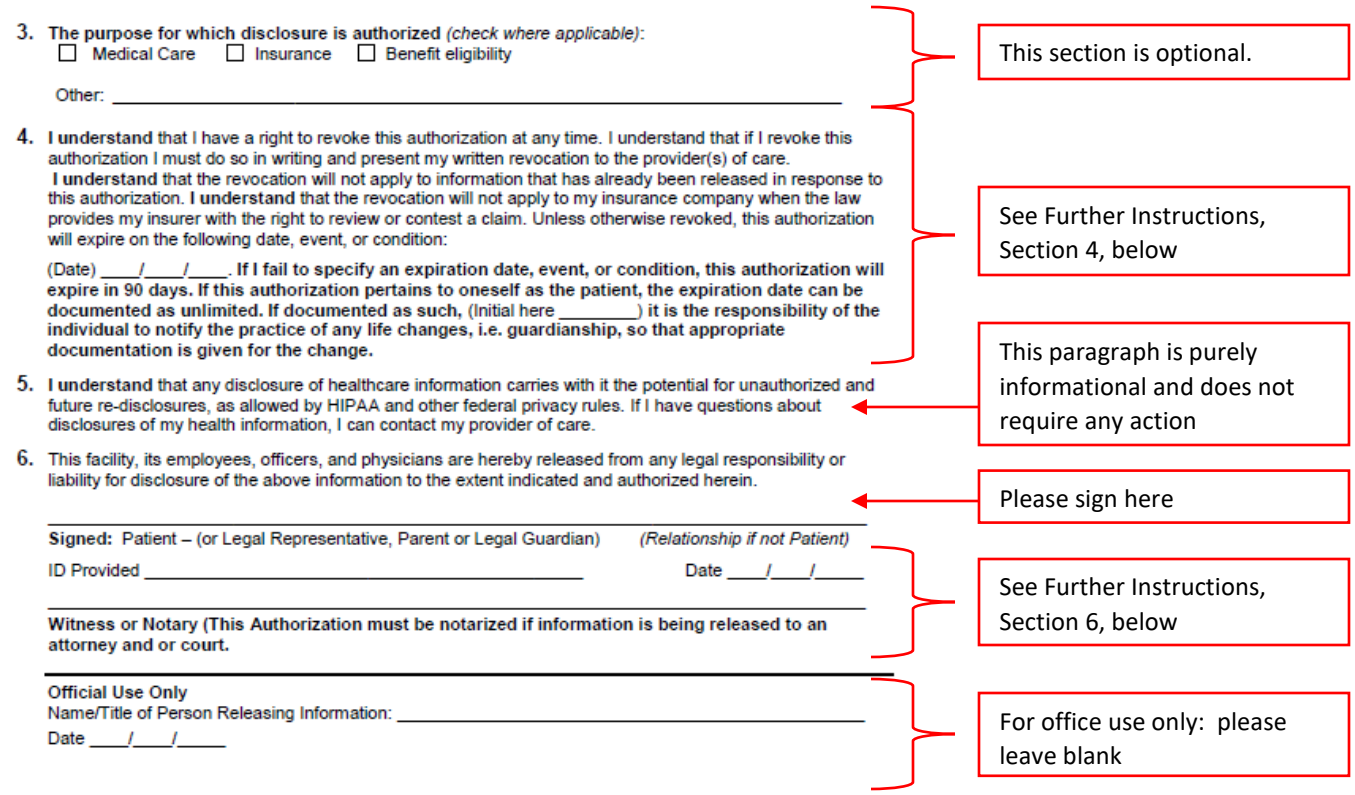
Sanesco International 1010 Merrimon Ave, Asheville, NC 28804 (866)670.5705 info@sanescohealthc.com

Further Instructions, "Release Information To" box

Please fill in this box as follows.

- If you wish for us to send your information to you, please use your name for the Organization Name and indicate your address
- If you wish for us to send your information to another person, such as a family member, a new healthcare practitioner, an attorney, etc., please list that individual's name as the Organization Name and include his or her address
- If you wish for us to send your information to a clinic, court, law firm, school or other organization not affiliated with the practitioner who ordered your test, please list their name as the organization name and provide their address.
- Note that this form must be notarized if we are to release information to an attorney, a law firm and/or a court. Please see second page.

Please see next page.



Further Instructions, Section 4

The first paragraph is to inform you that you have the right to revoke this authorization at any time by giving us written notice. You do not have to state a reason.

The final sentence of this paragraph states that you may set a date, event or condition for this authorization to expire. Events and/or conditions may be anything you want. Clearly write the desired event or condition in the space immediately after the final colon in this paragraph. If you do not wish to specify an event or condition, simply leave this space blank.

The second paragraph begins with a space for you to indicate a date upon which this authorization will expire. If you do not wish to specify a date, simply leave this blank.

Near the middle of this paragraph is a space for you to initial if you wish to make this authorization permanent. If you choose to make this authorization permanent, you will still have the right to revoke it at any time by giving us written notice.

Further Instructions, Section 6

Notarization is required if we are releasing your information to an attorney, a law firm and/or a court. The Notary Public must complete the following:

- *ID Provided:* The number associated with the identification (ID) used to prove your identity to the Notary Public. Examples of acceptable ID may include a state-issued driver's license or ID card, a U.S. Military ID card, a U.S. Passport, etc.
- *Date:* The date on which notarization occurred
- *Witness or Notary:* The notary's signature and seal

If we are not to release the information to an attorney, law firm and/or a court then notarization is not required and these three fields may be left blank.