

PF-3000 Standard Authorization of Use and Disclosure of Protected Health Information

Information to Be Used or Disclosed

The information covered by this authorization includes:

_____ all information in my files, or

Purposes of Disclosure

Information listed above will be disclosed for the following purposes:

_____ education, discussion of treatment plan, medical decision making, or

Persons Authorized to Use or Disclose Information

Information listed above will be used or disclosed by:

Fagadau & Hawk, M.D., LLP, and

Name of person/organization

Persons to Whom Information May Be Disclosed

Information described above may be disclosed to:

Name of person/organization

Name of person/organization

Expiration Date of Authorization

This authorization is effective unless and until revoked by the patient or the patient’s personal representative.

Right to Terminate or Revoke Authorization

You may revoke or terminate this authorization by submitting a written revocation to the practice. You should contact the Privacy Officer to terminate this authorization.

Potential for Re-disclosure

Information that is disclosed under this authorization may be disclosed again by the person or organization to which it is sent. It may not be possible to ensure your right to the protection of the privacy of this information once our practice discloses it to another party.

Rights of the Individual

- You may inspect or copy information used or disclosed under this authorization.
- You may refuse to sign this authorization.

Effect of Refusing Authorization

If you refuse to sign this authorization, our practice will not deny you any treatment except research-related treatment or treatment that you have requested for the purpose of disclosure to others, including:

Treatment conditioned on authorization

Signature

Name of Patient (Print or Type)

Signature of Patient

Date

Signature of Patient Representative

Relationship of Patient Representative to Patient