



Authorization to Release / Obtain Protected Health Information

(Required by the Health Insurance Portability and Accountability Act – 45 CFR Parts 160 and 164)

PATIENT NAME: _____ MRN: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: X X X – X X – _____

ALIAS/MAIDEN NAMES: _____

Section 1: I hereby authorize CICC to disclose my entire medical record including information regarding my billing, condition, treatment and diagnosis to the following individual(s):

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Section 2: I do hereby authorize:

Facility/Entity: _____ Address: _____

Facility/Entity: _____ Address: _____

to release protected health information, this may include: films, reports and laboratory results to CICC.

***Note:** *If these records contain any information from previous providers or information about HIV/AIDS status, cancer diagnosis, mental health information, drug/alcohol abuse or sexually transmitted disease, you are hereby authorizing disclosure of this information.*

Section 3: I understand that after the custodian of records discloses my health information, it may no longer be protected by federal and/or state privacy laws. I further understand that this authorization is voluntary and that I may refuse to sign this authorization. My refusal to sign will not affect my ability to obtain treatment, payment, eligibility for benefits unless allowed by law. I understand this authorization may be revoked in writing at any time, except to the extent that action has been taken in reliance on the authorization. Unless otherwise revoked, this authorization will expire 1 year from date of signature.

Signature of Individual
(Person whom the Information Relates)

Date of Signature

– OR –

Signature of Patient Representative

Date of Signature

Printed Name of Patient Representative

Relationship to Patient

You have the right to revoke this authorization, except to the extent the custodian of records has relied on it, by sending your written request to the Privacy Officer at: 4001 E Baseline Road Suite 107, Gilbert AZ 85234