Monday, July 13, 2020

Release of Information

Name	Joe Dirt
Date of Birth	Saturday, July 27, 1991
Healthcare Provider Name or Person who shall obtain information	Jane Philgood
Phone Number of Recipient	(775) 123-4567
What information shall be disclosed (please indicate specific information if selecting "other")	All Medical Information Drug/Alcohol Abuse Treatment Records Congenital Information & Diseases

Or

Or

From Date of Signature on this Agreement Until:	Tuesday, July 13, 2021
Method of Disclosure	Softcopy document (electronic document or web Hardcopy document
Purpose of Disclosure	To ensure all my medical information is available to Dr. Philgood

I understand that the information I am disclosing to individuals or organizations above may not be protected by the State or Federal rules governing privacy and security of data.

I hereby understand that I may revoke the authorization I have provided in sharing my health information at anytime upon submitting a notice in writing to the healthcare provider and/or the specified persons indicated above.

I fully understand that in case my information has been shared prior revocation, the knowledge acquired

by the recipients cannot be revoked.

I understand that my failure to sign or the cancellation of this authorization does not avoid from receiving treatment, enrollment, or eligibility for or benefits I am entitled to receive, provided the information herein shall not be required in determining whether I am eligible to receive treatments or benefits or to pay for the services I receive.

Date Monday, July 13, 2020

Resident Signature

Staff Witness Full Name Sally Sassypants

Staff Witness Signature

Privacy Practices Policy