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Board Certified in Pain Management | Board Certified in Anesthesiology

Authorization Form for Release of Protected Health Information

By signing this form, I authorize you to use and disclose the protected health information described below:

Patient Name: _____

The health information you may release subject to this authorization is as follows:

Release my protected health information to the following person(s) entity:

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

The reasons or purposes for this release of information are as follows:

I understand that I have the right to revoke this authorization at any time. I understand that if I revoke this authorization I must do so in writing and present my written revocation to the individual or organization releasing information (Sue Elmore, PO Box 2587 Abilene, TX 79604 Fax: 325-676-7991) I understand that the revocation will not apply to information already released in response to this authorization. I understand that the revocation will not apply to my insurance company when the law provides my insurer to the right to contest a claim under my policy. Unless otherwise revoked, this authorization will expire on the following date, event or condition:

I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. I need not sign this form in order to ensure treatment. I understand that I may inspect or copy the information to be used or disclosed as provided in CFR 164.524. I understand that any disclosure of the information carries with it the potential to an unauthorized re-disclosure and that information may not be protected by federal confidentiality rules.

The practice will not condition my treatment, payment, and enrollment in a health plan or eligibility for benefits on whether I provide authorization for the requested use or disclosure.

Signature of Patient or Personal Representative

Printed Name of Patient or Personal Representative

Date

Description of Personal Representative's Authority