

SHARP & STONE OB/GYN, P.C.
2700 10TH AVENUE SOUTH, SUITE 306 BIRMINGHAM, AL 35205
PHONE (205)933-4020 FAX (205)933-4022

Patient Authorization to Use or Disclose Protected Health Information

Patient Name: _____ Date: _____

Social Security #: _____ Date of Birth: _____ Patient Phone #: _____

I understand Sharp & Stone OB/GYN, P.C. is authorized by me to use or disclosure my protected health information for a purpose other than treatment, payment, or health care operations. I have read this authorization and understand what information will be used or disclosed, who may use and disclose the information, and the recipient(s) of that information. I specifically authorize any current employee or owner of Sharp & Stone OB/GYN, P.C., or any other individual listed below to disclose my protected health information as described on this form to the recipients listed below. I understand that when the information is used or disclosed pursuant to this authorization, it may be subject to re-disclosure by the recipient and may no longer be protected health information. I further understand that I retain the right to revoke this authorization, if done so according to the steps set forth below.

The following organization is authorized to make the disclosure:

Release records from: _____

Description of the information to be used or disclosed (*check all that apply*):

The patient's entire medical record
(NOTE: This requires an explanation why the entire record may be disclosed).

The patient's demographic information (*check all that apply*):
 Name Address State/Zip Code only Telephone
 Age Gender Race Other: _____

Medical Data/Information as related to:
 Specific condition, service or medication(s): _____

Other: _____

Please release the above information to the following physician or individual(s):

Release records to: _____

The patient has a right to revoke this authorization in writing, except to the extent that action has been taken in reliance on this authorization or, if applicable, during a contestability period. In order for the revocation of this authorization to be effective, Sharp & Stone OB/GYN, P.C. must receive the revocation in writing. ALL revocations must be sent to Sharp & Stone OB/GYN, P.C. to the attention of the Privacy Officer, and are not effective until received by the Privacy Officer.

This authorization shall expire on _____. After this date, Sharp & Stone OB/GYN, P.C. can no longer use or disclose the patient's protected health information without first obtaining a new authorization form. If I fail to specify a date, this authorization will expire 1 year from today's date.

I fully understand and accept the terms of this authorization.

Patient's Signature

Date