

AUTHORIZATION FOR RELEASE OF INFORMATION

Section A: Must be completed for all authorizations

I hereby authorize the use or disclosure of my health information as described below. I understand the information disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer protected by federal privacy regulations.

Patient name: _____ DOB: _____

Address: _____ SS#: _____

City, State Zip: _____ Telephone: _____

Persons/organizations providing the information:
The Allergy Clinic LLC
7968 Goodwood Blvd
Baton Rouge, LA 70806

Persons/organizations receiving the information:
The Allergy Asthma & Sinus Center PC
7968 Goodwood Blvd
Baton Rouge, LA 70806

Specific description of information (including date(s)): All medical records

What is the purpose of the use or disclosure? (Please Check)

- | | |
|--|---|
| <input type="checkbox"/> Primary Care Physician | <input type="checkbox"/> Insurance Carrier Request |
| <input type="checkbox"/> Referral to Specialists | <input type="checkbox"/> Not Contracted on Insurance Plan |
| <input type="checkbox"/> Second Opinion | <input type="checkbox"/> Attorney or Law Firm |
| <input type="checkbox"/> Workman's Compensation | <input type="checkbox"/> Moving out of Area |

Other (Please Explain Briefly): Transfer of medical care

(Note: "at the request of the individual" is a sufficient description of the purpose when the patient initiates the authorization and elects not to provide a statement of the purpose.)

Section B: Must be completed for all authorizations

I understand that I have the right to refuse to sign this form and that my refusal will not result in the physician conditioning the provision of Healthcare with two exceptions: **1.** Refusal to sign this authorization, if it is for disclosure of information created for research that includes treatment, may result in the physician declining to provide the research-related treatment. **2.** Refusal to sign this authorization, if it is for disclosure of information created for the sole purpose of disclosure to a third party, may result in the doctor declining to provide the healthcare which is for the sole purpose of creating protected health information for disclosure to a third party. **Pt. initials:** _____

I understand that this authorization will expire on the following date ___/___/___ (DD/MM/YR) or with the following event:

I understand that I may revoke this authorization at any time by notifying the healthcare provider in writing. The revocation will only be effective from the date it is received in this office and will not apply retroactively. **Pt. initials:** _____

Signature of patient or patient's representative
(Pertinent sections of the Form MUST be completed before signing.)

Date

Printed name of patient's representative: _____
Relationship to the patient: _____

Section C: Must be completed only if the healthcare provider has requested the authorization

1. The provider must complete the following statement:

- a. Will the healthcare provider requesting the authorization receive financial or in-kind compensation in exchange for using or disclosing the health information described above? Yes ___ No ___

2. The patient must read and initial the following statement:

- a. I understand that I get a copy of this form after I sign it. **Pt. Initials:** _____

DISCLOSURES REQUIRING PATIENT'S WRITTEN AUTHORIZATION

The Privacy Rule defines "Protected Health Information" -- PHI-- as individually- identifiable health information, including demographic information that is collected from an individual and created or received by a "Covered Entity". It is information that relates to the past, present or future health or condition of an individual; to the provision of health care; or to the past, present or future payment for healthcare. It is only PHI if it identifies the individual or if there is a reasonable basis to believe it can be used to identify the individual. The privacy rule confidentiality requirements pertain to all individually identifiable information — paper, oral, or electronic. The Rule contains required and permitted uses and disclosures of PHI.

A HIPAA compliant **Authorization Form** must be obtained to use or disclose PHI for any reason not required or permitted by the privacy rule. (See required and permitted uses and disclosures discussed below): for instance, if the patient wants a copy of their chart given to a third party or the physician wants to disclose the PHI for research or marketing. Authorization is not required if it is a face-to-face marketing communication or if a promotional gift of nominal value is provided by the covered entity.

The following "required" and "permitted" Uses and Disclosures DO NOT require an Authorization Form:

Required Disclosures

A copy of the PHI, with some exceptions, must be given to the patient when requested. The secretary of HHS must also be given a copy of an individual's PHI if so requested.

Permitted Uses and Disclosures

(A.) Uses and Disclosures for Treatment, Payment, and Healthcare Operations. (164.506, Final Privacy Rule, August 14, 2002). The August 14, 2002, amendments deleted the requirement of obtaining a signed consent prior to the use or disclosure of PHI for treatment, payment, and healthcare operations. The Permitted uses and disclosures standards now allow:

1. A covered entity to use or disclose an individual's PHI for its own treatment, payment or healthcare operation purposes (TPO).
2. A covered entity to disclose PHI for treatment activities of a health care provider.
3. A covered entity to disclose PHI to another covered entity or a healthcare provider for the payment activities of the entity that receives the information.
4. A covered entity to disclose PHI to another covered entity for the healthcare operations of the entity that receives the information, if each entity has or had a relationship with the individual who is the subject of the PHI being requested, the PHI pertains to such relationship, and the disclosure is: For the purpose of quality improvement, case management, reviewing competence of healthcare professional, conducting training programs, accreditation, certification licensing or credentialing activities, etc.; or for the purpose of fraud and abuse detection or compliance. See rule for complete listing.
5. A covered entity that participates in an "Organized Health Care Arrangement" (covered entities providing healthcare in the same facility, i.e. hospitals and emergency department coverage groups, hospitalists, etc. - see definition in rule) to disclose PHI about an individual to another covered entity that participates in an OHCA for any healthcare operation activities of the OHCA.

(B.)Uses and Disclosures for which an authorization or Opportunity for the Patient to Agree or Object is not required. (164.512, Final Privacy Rule, December 28, 2000 and Revised Final Privacy Rule, August 14, 2002). There are permitted uses and disclosures other than for TPO that "do not require authorization or the individual being given the opportunity to agree or object". Those required by law, public health activities, child or elderly abuse or neglect, health oversight activities, judicial and administrative proceedings, law enforcement purposes, coroners and medical examiners are the main examples. See rule for complete listing.

(C.) Opportunity for the Patient to Agree or Object. (164.510, Final Privacy Rule, December 28, 2000). There are permitted uses and disclosures that require the healthcare provider to give the patient the "opportunity to agree or object" to the use or disclosure. Listing the patient's information in a hospital directory, giving a family member or friend the patient's health information as it relates to how the person is involved with the patient's care, and allowing the family to pick up filled prescriptions for the patient are a few examples. This can be done verbally but should be documented in the chart. In those instances where a patient's condition does not allow this process the family can be notified of patient's location and condition. See rule for further discussion.