Allergy & Asthma Care and Prevention Center
10099 Ridge Gate Pkwy, #400
Lone Tree, CO 80124
303-706-9923 Fax 303-706-0904

Authorization to Use or Disclose My Health Information

Patient name: _____ Date of birth: _____

Previous name: _____

I. My Authorization

You may use or disclose the following health care information (check all that apply):

† All my health information maintained by the above-named practice
(Circle "include" or "exclude" for each of the following)
Include or Exclude My health information related to drug abuse
Include or Exclude My health information related to alcohol abuse
Include or Exclude My health information related to HIV/AIDS
Include or Exclude My health information related to psychological or psychiatric conditions, including psychotherapy notes

† My health information relating to the following treatment or condition: _____

† My health information for the date(s):

† Other: _____

You may disclose this health information to:

Name (or title) and organization: _____

Address: _____ City: _____ State: _____ Zip: _____

Reason(s) for this authorization (check all that apply):

† At my request

† Other (specify) _____

_____

This authorization ends: † on (date) _____

† when the following event occurs _____

II. My Rights

I understand I do not have to sign this authorization form in order to get health care benefits (treatment, payment or enrollment).

I may revoke this authorization in writing. If I do, it will not affect any actions already taken by the above-named practice based upon this authorization. I may not be able to revoke this authorization if its purpose was to obtain insurance. The way to revoke this authorization is to write a letter to the office.

Once the office discloses health information, the person or organization that receives it may re-disclose it. Privacy laws may no longer protect it.

_____ _____
Patient or legally authorized individual signature Date

_____ _____
Printed name if signed on behalf of the patient Relationship (parent, legal guardian, personal representative, etc.)

STANDARD CHARGES FOR MEDICAL RECORDS WILL APPLY.

NOTE: PAYMENT MUST BE RECEIVED BEFORE RECORDS WILL BE RELEASED