

HIPAA AUTHORIZATION FORM B

Authorization for Release of Information for Purposes Requested by Physician's Office From Another Covered Entity

I, _____, hereby authorize (Name of Covered Entity disclosing information) to disclose the following protected health information to Dr. Farahmand, M.D.:

[Specifically describe the information to be disclosed including but not limited to meaningful descriptors such as date of service; type of service provided; level of detail to be released; origin of information; etc.]

This protected health information is being used or disclosed to carry out treatment, payment and/or health care operations of Dr. Farahmand, M.D. in the following manner:

[Describe how protected health information will be used to carry out treatment and payment and/or health care operations purposes.]

This authorization shall be in force and effect until [specify (1) date or (2) event that relates to the patient or the purpose of the use or disclosure] at which time this authorization to use or disclose this protected health information expires.

I understand that I have the right to revoke this authorization, in writing, at any time by sending such written notification to [Name of Privacy Contact] at [office address or e mail address]. I understand that a revocation is not effective to the extent that Dr. Farahmand, M.D. has relied on the use or disclosure of the protected health information.

I understand that information used or disclosed pursuant to this authorization may be subject to redisclosure by the recipient and may no longer be protected by federal or state law.

Dr. Farahmand, M.D. will not condition my treatment, payment, enrollment (if applicable) in a health plan or eligibility for benefits on whether I provide authorization for the requested use or disclosure.

I understand that I have the right to refuse to sign this authorization.

_____ Signature of Patient or Personal Representative

_____ Date

_____ Name of Patient or Personal Representative

_____ Description of Personal Representative's

Authority

(This form does not constitute legal advice and is for educational purposes only. This form is based on current federal law and subject to change based on changes in federal law or subsequent interpretative guidance. This form is based on federal law and must be modified to reflect state law where that state law is more stringent than the federal law or other state law exceptions apply.) - 2001 American Medical Association All Rights Reserved 11/09/01