

PATIENT AUTHORIZATION FOR USE AND DISCLOSURES OF PROTECTED HEALTH
INFORMATION TO THIRD PARTIES



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Section A: Must be completed for all authorizations

I hereby authorize the use of disclosure of my individually identifiable health information as described below. I understand that this authorization is voluntary. I understand that if the organization authorized to receive the information is not a health plan or health care provider, the released information may no longer be protected by federal privacy regulations.

Patient name: _____

ID Number: _____

Persons/organizations providing the information:

Person/organizations receiving the information:

Specific description of information (including date(s)):

Section B: Must be completed only if a health plan or a health care provider has requested the authorization
Section B: 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: _____

Section C: Must be completed for all authorizations

The patient or the patient's representative must read and initial the following statements:

1. I understand that this authorization will expire on ___/___/___ (DD/MM/YYYY) Initials: _____
2. I understand that I may revoke this authorization at any time by notifying the practice in writing, but if I do it won't have any affect on any actions they took before they received the revocation. Initials: _____

Signature of patient or patient's representative
(Form MUST be completed before signing)

Date

Printed name of patient's representative: _____

Relationship to the patient: _____

YOU MAY REFUSE TO SIGN THIS AUTHORIZATION
You may not use this form to release information for treatment or payment except when the information to be released is psychotherapy notes or certain research information.