



## HIPAA Privacy Authorization Form

**\*\*Required by the Health Insurance Portability and Accountability Act,  
45 C.F.R. Parts 160 and 164\*\***

1. Authorization:

I authorize \_\_\_\_\_ [healthcare provider] to use and disclose the protected health information described below to:

\_\_\_\_\_ [Individual seeking the information].

2. Effective Period:

This authorization for release of information covers the period of healthcare from:

A.  \_\_\_\_\_ to \_\_\_\_\_.

**\*\*OR**

B.  all past, present and future periods.

3. Extent of Authorization:

A.  I authorize the release of my complete health record [including records relating to mental healthcare, communicable diseases, HIV or AIDS, and treatment of alcohol or drug abuse.

**\*\*OR**

B.  I authorize the release of my complete health record with the exception of the following:

Mental Health

Communicable Diseases [Including HIV/AIDS]

Alcohol/Drug Abuse treatment

Other [please specify] \_\_\_\_\_

4. This medical information may be used by the person I authorize to receive this information for medical treatment or consultation, billing or claims payment, or other purposes as I may direct.

5. This authorization shall be in force and effect until \_\_\_\_\_ [date or event]

6. I understand that I have the right to revoke this authorization, in writing, at any time. I understand that a revocation is not effective to the extent that any person or entity has already acted in reliance on my authorization or if my authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim.
7. I understand that my treatment, payment, enrollment or eligibility for benefits will not be conditioned on whether I sign this authorization.
8. I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law.

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Signature of Patient or Personal Representative

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Printed Name of Patient or Personal Representative

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Relationship

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Date