JULIE M. HALL, M.D.
Child, Adolescent, and Adult Psychiatrist

Authorization for Use or Disclosure of Protected Health Information

Required by the Health Insurance Portability and Accountability Act (HIPAA), 45 C.F.R. Parts 160 and 164

_____

Full Name | Date of Birth | Telephone number

_____

Address | City | State | Zip Code

I hereby authorize use or disclosure of protected health information about me as described below:

1. Dr. Julie M. Hall is authorized to use or disclose information about me.

2. The following person (or class of persons) may receive disclosure of protected health information about me:

_____

Name of Person or Entity | Relationship | Telephone number

_____

Address | City | State | Zip Code

3. The specific information that should be disclosed is (please give dates of service if possible):

_____

_____

Unless you initial here, no information about alcohol/substance abuse, HIV/AIDS, or mental health will be disclosed:

Yes, disclose this information _____ No, do not disclose this information _____

4. I understand that the information used or disclosed may be subject to re-disclosure by the

person or class of persons or facility receiving it, and would then no longer be protected by federal privacy regulations.

5. I may revoke this authorization by notifying Julie M. Hall, M.D. in writing of my desire to revoke it. However, I understand that any action already taken in reliance on this authorization cannot be reversed, and my revocation will not affect those actions.

Authorization for Use or Disclosure of Protected Health Information (continued)

6. My purpose/use of the information is for:

_____

7. This authorization expires one year from the date of signing unless specified here:

_____

8. Signature of Individual (the person about whom the information relates)

_____

Signature Date

OR, if applicable:

_____

Signature of Guardian or Personal Representative of Patient's Estate Date

_____

Name of Above Description of Authority to Act for the Individual

A copy of this completed, signed and dated form must be given to the Individual or other signatory.