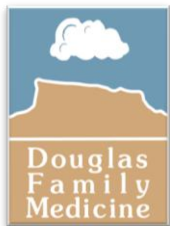

Douglas Family Medicine, PC
1189 S Perry St, St 230
Castle Rock, CO 80104
P: 303-688-3434 F: 303-688-4454
info@douglasfamilymedicine.com
www.douglasfamilymedicine.com

HIPAA Authorization

I (Patient Name) ________________________________ authorize direct my health care and medical services providers at Douglas Family Medicine to disclose and release my protected health information described below to the following person:

- ☐ Spouse ______________________________
- ☐ Child(ren)____________________________
- ☐ Other________________________________

Health information to be disclosed upon the request of the person named above (Check either A or B):

☐ A. Disclose my complete health record (including but not limited to diagnoses, lab test, prognosis, treatment, and billing for all conditions)

OR

☐ B. Disclose my health record, as above, **BUT DO NOT DISCLOSE** the following (Check as appropriate):

- ☐ Mental health records
- ☐ Communicable diseases (including HIV and AIDS)
- ☐ Alcohol/drug abuse treatment
- ☐ Other (Please Specify):

____

____

This release of protected health information will remain in effect until terminated by me in writing. I have read and understand Douglas Family Medicine notice of privacy practices which describes how my personal information will be used and disclosed.

Patient Signature: _______________________________________ Date: ___/___/___

Witness Signature: ______________________________________ Date: ___/___/___