



Ketamine Integrative Medicine

When "just getting by" is no longer good enough

HIPAA Release of information AUTHORIZATION FORM

I, _____ hereby authorize

(Name): Ketamine Integrative Medicine 2824 N Power Rd #113-471 Mesa, AZ 85215 (Number):ph: 480-571-3060 fax: 480-571-3061, to release to

(Name, Address): _____

(Number-Phone,Fax, Email): _____, my personal health information maintained by Ketamine Integrative Medicine.

(e.g., information relating to the diagnosis, treatment, claims payment, and health care services provided or to be provided to me and which identifies my name, address, social security number, Member ID number) except the following information about me:

I understand that any personal health information or other information released to the person or organization identified above may be subject to re-disclosure by such person/organization and may no longer be protected by applicable federal and state privacy laws. This authorization is valid from the date of my representative's signature below and shall expire within 6 months or if the patient revokes permission.

I understand that I have a right to revoke this authorization by providing written notice to Ketamine Integrative Medicine 2824 N Power Rd #113-471 Mesa, AZ 85215 (Number):ph: 480-571-3060 fax: 480-571-3061. I also understand that I have a right to have a copy of this authorization.

I further understand that this authorization is voluntary and that I may refuse to sign this authorization.

Name of Member: _____

Signature of Member: _____ Date: _____

If applicable, Legal Representatives sign below:

By signing this form, I represent that I am the legal representative of the Member identified above and will provide written proof (e.g., Power of Attorney, living will, guardianship papers, etc.) that I am legally authorized to act on the Member's behalf with respect to this authorization form.

Name of Legal Representative: _____

Signature of Legal Representative: _____

Date: _____

Name of Witness: _____

Signature of Witness: _____