

AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

****DISCLAIMER****

This document was prepared to assist the typical physician practice in seeking to undertake reasonable measures to comply with the HIPAA Rules. Each practice must review this document for individualized adaptation to your practice or to a particular transaction. While it has been drafted to provide accurate and authoritative assistance in the development of your HIPAA compliance program, it is not intended as, and does not constitute, legal or other professional advice, which can be rendered only on an individual practice and fact-sensitive basis. This guidance is based on the law and regulations in force at the time of publication. Users should consult experienced health care counsel for individualized and ongoing guidance regarding the specific and evolving application of the HIPAA rules to their practice, as well as for evolving state privacy and security law compliance requirements. Under the HITECH Act, the majority of the new HIPAA statutory provisions became effective February 18, 2010. However, the Office for Civil Rights, which enforces HIPAA, did not issue a final rule until January 25, 2013. The final rule provides covered entities and business associates with 180 days beyond the effective date (March 26, 2013) of the final rule to come into compliance with its mandates. This means that, with the exception of some business associate agreements, Covered Entities must have policies and procedures and compliant forms and agreements in place, and staff training completed, as of September 23, 2013.

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TotalUrologyCare.com

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Authorization for Use and Disclosure of Protected Health Information

This form provides authorization to **Total Urology Care of New York** (“the Practice”) to use or disclose certain of your personal health information for the purpose(s) described below. It is intended to properly inform you of how this information will be used or disclosed. You should carefully read the information on this form before signing it.

The disclosure of any part of the medical record deemed to be “psychotherapy notes” will require a separate authorization. I understand that if my records contain information about alcohol and drug abuse, mental health treatment and/or HIV/AIDS status, I authorize the Practice to release such information as part of my medical record only if I place my initials on the appropriate line as set forth below.

Included in information to be released:

- Alcohol/Drug Treatment
- Mental Health Information
- HIV Related Information

I understand that I have the right to revoke this authorization at any time, in writing, by mailing such written notification to the Practice’s Privacy Officer, at
Total Urology Care of New York at 7 West 51st Street 8th Floor, New York, NY 10019.

I understand that a revocation is not effective to the extent that the Practice has taken action in reliance on this authorization or if this authorization was obtained as a condition of obtaining insurance coverage and the law provides the insurer with the right to contest a claim under the policy or to contest the policy itself.

I understand that the Practice will not condition my treatment on whether I provide authorization for the requested use or disclosure if to do so would be prohibited by federal or state law. If a reason exists under law for conditioning my treatment on obtaining this authorization, I have been advised of that fact and of the consequences of me refusing to sign this authorization.

I understand there is the potential for information used or disclosed pursuant to this authorization to be subject to re-disclosure by the recipient if the recipient is not required by law to protect the privacy of the information. I understand that I will receive a copy of this authorization if signed by me.

I allow Total Urology Care of New York to access my prescription information from my pharmacy for use in management of my urological condition.

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