

**STANDARD AUTHORIZATION OF USE AND DISCLOSURE
OF PROTECTED HEALTH INFORMATION**

Information to be Used and Disclosed

The information covered by this authorization includes:

All Medical Information or

Confirm Appointments or

Pick-UP Medications, Prescriptions

Persons to Whom Information May Be Disclosed

Information described above may be disclosed to:

Name of person or persons

Expiration Date of Authorization

This authorization is effective for 1 year unless revoked or terminated by the patient or the patient's personal representative.

Right to Terminated or Revoke Authorization

You may revoke or terminate this authorization by submitting a written revocation to Patrick L. Allen, M.D. You should contact Karen Allen, the Compliance Officer to terminate this authorization.

Potential for Re-disclosure

Information that is disclosed under this authorization may be disclosed again by the person or organization to which is sent. The privacy of this information may not be protected under the federal privacy regulations.

Name of patient (Print or type)

Signature of Patient

Date