

ANDY DAVIS, M.D./YOUR FAMILY DOCTOR

Patient Authorization for Use and Disclosure of Protected Health Information

By signing, I authorize Andy Davis, M.D./Your Family Doctor to use and/or disclose protected health information (PHI) about me to _____

This authorization permits Andy Davis, M.D./Your Family Doctor to use and/or disclose the following individually identifiable health information about me (specifically describe the information to be used or disclosed, such as date(s) of service, type of service, level of detail to be released, origin of information, etc.):

_____ any () please initial _____

The information will be used for the following purpose:

_____ at the request of the individual () please initial _____

(If disclosure is requested by the patient, purpose may be listed as "at the request of the individual.")

The purpose(s) is/are provided so that I can make an informed decision whether to allow release of the information. This authorization will expire on _____
(enter date or defined event)

Andy Davis M.D./Your Family Doctor will will not receive payment or other remuneration from a third party in exchange for using or disclosing the PHI.

I do not have to sign this authorization in order to receive treatment from Andy Davis, M.D./Your Family Doctor. In fact, I have the right to refuse to sign this authorization. When my information is used or disclosed pursuant to this authorization, it may be subject to redisclosure by the recipient and may no longer be protected by the federal HIPAA Privacy Rule. I have the right to revoke this authorization in writing except to the extent that Andy Davis, M.D./Your Family Doctor has acted in reliance upon this authorization. My written revocation must be submitted to the Privacy Office at:

Andy Davis, M.D./Your Family Doctor
South Lake Centre
123 Blue Heron Drive, Suite 101
Montgomery, Texas 77316

Signature of Patient or Legal Guardian Date Relationship to Patient

Print Patient's Name Print Name of Legal Guardian, if applicable

Patient/Guardian must be provided a signed copy of this authorization form.