State of Kansas
Office of HIPAA Compliance
4/03

AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

I, _____ (name) _____ (SSN), _____ (DOB), hereby authorize the use and/or disclosure of my health information as described below.

Name of the person or organization authorized to ***provide*** the information:

_____

_____

Name, address and telephone number of the person or organization authorized to ***receive*** and use the information:

_____

_____

Describe specifically and meaningfully the information to be released (include dates of service where applicable):

_____

_____

Describe the purpose for the request to release information (use "NA" to decline to describe the purpose for the release):

_____

_____

This authorization will expire on: _____ , 20 _____

I understand that I have the right to revoke the authorization by delivering such revocation in writing to _____ (releasing agency) or other entity making the disclosure except to the extent that the agency or entity has already released the information.

Once the uses and disclosures have been made pursuant to this authorization, the information released may be subject to re-disclosure by any recipient and will no longer be protected by federal privacy laws.

The _____ (releasing agency) will not condition treatment or payment on my providing authorization for this use or disclosure except to the extent the provision of health care is solely for the purpose of creating protected health information for disclosure to a third party.

I understand that I may inspect or copy the protected health information to be used or disclosed under this authorization. I understand I may refuse to sign the authorization. I understand that the refusal to sign this authorization may mean that the use and/or disclosure described in this form will not be allowed.

I certify that I agree to the uses and disclosures listed above and that I will receive a copy of this authorization.

_____ _____
Signature Date

_____ _____
Signature of Personal Representative (if applicable) Description of Authority