(205) 871-9661

ALABAMA ALLERGY & ASTHMA CENTER.

Patient Authorization for Use and/or Disclosure of Protected Health Information

Patient Name:_____
Social Security Number:_____
Address:_____

Physician:_____
Date of Birth:_____
Account Number:_____

I hereby authorize Alabama Allergy & Asthma Center to use, disclose and/or obtain my health information as follows (*check all that apply*):

□ use the following health information maintained by Alabama Allergy and Asthma Center until:
(if no date, this release will expire after 1 year)

_____
Date

□ disclose health information to:

_____

Address:_____

City,State,Zip_____

Phone:_____

□ obtain health information from:

_____

Address:_____

City,State,Zip_____

Phone: _____

Specific description of the health information to be used/disclosed/obtained (*include dates of service, i.e., appointment date, type of service, etc):*

_____

This health information is used/disclosed/obtained for the following purpose (*if Authorization requested by the patient put: "At the request of the individual"*):

_____

By providing this Authorization, I understand as follows:

1. I understand that this Authorization is voluntary. I may refuse to sign this Authorization and my treatment and/or payment obligations will not be affected.
2. I understand that the health information to be released may be subject to redisclosure by the recipient of the health information and no longer protected by the federal Privacy Rules.
3. I understand that I may revoke this Authorization at any time by notifying Alabama Allergy & Asthma Center in writing, but if I do, it will not have any effect on uses or disclosures prior to the receipt of the revocation.
4. I understand that I will receive a copy of this Authorization form after I sign it.

_____
Signature of Patient or Patient's Representative

_____
Date:

_____
Printed Name of Patient's Representative (*if applicable*)

_____
Representative's Relationship to Patient (*if applicable*)

Please send all record requests to:
Alabama Allergy & Asthma Center
Medical Records
504 Brookwood Blvd.
Birmingham, AL 35209
Phone: 205.871.9661 Fax: 205.870.1621