



PATIENT AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION
FROM WOMEN'S HEALTH SPECIALISTS
(Complete all sections)

By signing this authorization, I authorize Women's Health Specialists to use and/or disclose certain protected health information (PHI) about me to [blank line]
Name of entity to receive this information

This authorization permits Women's Health Specialists 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, level of detail to be released, origin of information, etc.).

[Two blank lines for describing health information]

The information will be used or disclosed for the following purpose
Continuing care For insurance purposes Legal action
At the request of the individual (This may be checked only if records are requested by the patient).
Other - must describe: [blank line]

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 30 days from the date I sign this form or [blank line]
{Expiration Date or Defined Event}.

I do not have to sign this authorization in order to receive treatment from Women's Health Specialists. 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 re-disclosure 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 the practice has acted in reliance upon this authorization. My written revocation must be submitted to the WHS Privacy Officer, 3498 NW Federal Highway, Jensen Beach, FL 34957.

Signed by: [blank line] Relationship to Patient
Signature of Patient or Legal Guardian
Patient's Name Date
Print Name of Patient or Legal Guardian Patient Date of Birth

Mail form to: Medical Records Department, Women's Health Specialists, 3498 NW Federal Highway, Jensen Beach, FL 34957 or fax to (772) 219-1070.