

DEARBORN ALLERGY & ASTHMA CLINIC, PC

20200 Outer Drive Dearborn, MI 48124 313-565-3565 Fax: 313-565-7723

Authorization For – Use or Disclosure of PHI

I hereby authorize the use or disclosure of my individually identifiable health information as described below. I understand that this authorization is voluntary. I understand that if the person or entity authorized to receive the information is not a health plan or health care provider; the released information may no longer be protected by federal privacy regulations.

Patient Name Patient ID (Office Use)

Entity Authorized to Provide Information Person/Entity Authorized to Receive Information

History & Physical
Consultations Lab Results X-Ray Report Allergy Injection Record
Other (please note below)

Specific description of information (including dates):

The purpose of the use or disclosure is:

Will the person or entity requesting the authorization receive financial or in-kind compensation in exchange for using or disclosing the health information described above? Yes ___ No ___

I understand that my health care and the payment for my health care will not be affected if I do not sign this form.
Initials _____

I understand that I may see and copy the information described on this form if I ask for it, and that I will receive a copy of this form after I sign it.
Initials _____

I understand that this authorization will expire on _____. Initials _____

I understand that I may revoke this authorization at any time by written notice to Dearborn Allergy & Asthma Clinic, PC. I also understand that if I revoke this authorization, the revocation will not have any effect on actions taken by Dearborn Allergy & Asthma Clinic, PC before Dearborn Allergy & Asthma Clinic, PC received the revocation. I also understand that more information regarding revocation of this authorization may be covered in Dearborn Allergy & Asthma Clinic, PC's Notice of Privacy Practices.

Signature of Individual or Guardian or Individual's Legal Representative

Date

Printed Name, Relationship of Legal Representative to Individual

YOU MAY EXERCISE YOUR RIGHT TO REFUSE TO SIGN THIS AUTHORIZATION

