Ada West
DERMATOLOGY

Release of Protected Health Information

Patient Full Name:	**Date of Birth: / /**

☐ **I decline release of my Protected Health Information (PHI)**

☐ **I authorize Ada West Dermatology to disclose the following information:**

☐ All Health Information

☐ Only the information checked below:

☐ Appointment Information ☐ Billing Information ☐ Visit or Progress Notes

☐ Diagnosis/Care Plan ☐ Lab Tests/Results ☐ Medications

☐ Imaging ☐ HIV Information ☐ Genetic Testing Information

☐ Other:

Purpose of this disclosure: ☐ Personal Use ☐ Other: _____

Recipient(s) of Information

Name	Relationship	Phone Number

Acknowledgement

- Once Ada West Dermatology discloses my health information by my request, Ada West Dermatology cannot guarantee that the recipient will not re-disclose my health information to a third party. The third party may not be required to abide by this authorization or applicable federal and state law governing the use and disclosure of my health information.
- I may make a request in writing at any time to Ada West Dermatology to inspect and/or obtain a copy of my health information maintained at Ada West Dermatology as provided in the Federal Privacy Rule 45 CFR § 164.524.
- This authorization will remain in effect until the authorization expires (1 year) or I provide a written notice of revocation to Ada West Dermatology. If I revoke this authorization, Ada West Dermatology may not be able to reverse the use of disclosure of my health information while the authorization was in effect.
- I may refuse to sign or may revoke this authorization at any time for any reason and such refusal or revocation will not affect the commencement, continuation or quality of Ada West Dermatology's treatment of me, enrollment in the health plan, or eligibility for benefits.
- If I have questions about disclosure of my health information, I can contact Ada West Dermatology or call (208) 884-3376.

Signature:	**Date: / /**

If Legal Representative (print full name): _____

Legal Representative Relation

☐ *Parent/guardian* ☐ *Power of Attorney* ☐ *Other:* _____