unio
SPECIALTY CARE
Genesis Healthcare Partners, PC

Authorization to Disclose Protected Health Information

Patient Name: _____ Date of Birth: _____

Patient Address: _____ Phone Number: _____

I authorize Unio Specialty Care to disclose the above-named individual's protected health information (PHI) as described below.

☐ **All records** (my complete record, **excluding** those related to Substance Abuse, Mental Health, HIV/AIDS, Sexually Transmitted Diseases, Genetic Information)

☐ Limited to the following PHI: _____

I also consent to the specific release of the following "sensitive protected health information" (check all that apply)

☐ Drug / Alcohol / Substance Abuse
☐ HIV Diagnosis / Treatment
☐ Psychiatric / Mental Health
☐ Genetic Information
☐ Tests for HIV Antibodies
☐ Sexually Transmitted Diseases

Release of information for services provided on the following date(s): _____

Please note that once your information is transferred from our office additional disclosures may occur and your information may no longer be protected under the privacy rule.

Please disclose the medical records listed above to:

Name: _____
Address: _____
Phone: _____
Fax: _____

This disclosure may be used for the following purpose(s):

☐ At my request
☐ For employment purposes
☐ Billing / Insurance
☐ For transfer of care
☐ Immunization
☐ Other: _____

The authorization is effective immediately and will expire _____ (specify date) or in 90 days if no date is specified. I may revoke this authorization at any time in writing, but revocation will not include information already released in response to this or other authorizations. This entity, its employees, officers, and physicians are hereby released from any legal responsibility or liability for the disclosure of the above information to the extent indicated and authorized herein.

Signature of Patient or Legal Representative: _____ Relationship to Patient: _____

Print Patient Name: _____ Date: _____

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Released By Staff: _____ ID Provided by Patient: _____ Date: _____ Fee: _____