

Authorization of Use and Disclosure of Protected Health Information

Authorization is required for disclosure of protected health information to third parties, such as family members and guardians. Please indicate below who may obtain your private health information and the date upon which such authorization ends.

Patient Name: _____

Date of Birth: _____ SSN: _____

I. My Authorization

You, John S. Koppman, MD may use or disclose the following health care information:

- ALL my health information maintained by you.
- My health information relating to the following treatment or condition: _____
- My health information for the date(s): _____
- Other: _____

You may disclose this health information to:

Name (or title) and organization: _____

Relationship: (parent, child, sibling, legal guardian, etc.): _____

Name (or title) and organization: _____

Relationship: (parent, child, sibling, legal guardian, etc.): _____

Name (or title) and organization: _____

Relationship: (parent, child, sibling, legal guardian, etc.): _____

This Authorization ends:

- on (date) _____
- When the following event occurs _____

II. My Rights

I understand I do not have to sign this authorization in order to receive treatment. However, I may be required to sign this authorization form to take part in a research study or to receive health care when the purpose is to create health information for a third party.

I may revoke this authorization at any time, in writing, sent to John S. Koppman, MD at the address provided below. If I do, it will not affect any actions already taken by John S. Koppman, MD based upon this authorization; uses and disclosures already made cannot be taken back. I may not be able to revoke this authorization if its purpose was to obtain insurance.

201 Health Park Boulevard, Suite 103, St. Augustine, FL 32086

Once the office discloses health information, the person or organization that receives it may re-disclose it. Privacy laws may no longer protect it.

Patient or legally authorized signature

Date

Patient is unable to sign because of (minor, disabled, etc.) _____

John S. Koppman, MD MINIMALLY INVASIVE AND BARIATRIC SURGEON