

Authorization for Use or Disclosure of (PHI) Protected Health Information

I hereby authorize the use and disclosure of individually identifiable health information related to me, which is called protected health information (PHI), under a federal health privacy law, as described below.

I, _____, authorize John E. Padour, MD to release and obtain my private health information to/from:

Name _____ Relationship _____

Name _____ Relationship _____

(Check all that apply)

Are there any restrictions on PHI to be disclosed? Yes No

If yes, describe: _____

No one other than myself may have access to my medical records.

May our office leave a message on your machine? Yes No

The PHI will be disclosed to confirm appointments, to render caregivers counseling on my treatment, for prescription pick-ups, and for any other reason to ensure I obtain optimum treatment and care while I am a patient of John Padour, MD. I understand that I have the right to revoke this authorization, in writing, at any time by sending such written notification to Attention: Privacy Officer at 148 N. Brent Street, Suite 201, Ventura, CA 93003. I understand that my revocation will not affect any actions taken by John E. Padour, MD prior to receiving my revocation. I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law. I understand that I may refuse to sign this authorization and that my refusal in no way affects my treatment. My physician will not condition my treatment or payment on whether I provide authorization for the requested use or disclosure except if health care services are provided to me solely for the purpose of creating protected health information for disclosure to a third party. This authorization shall be effective one year from the date signed, or until revoked in writing, at which time this authorization to obtain and release this protected health information expires.

Patient Signature or Authorized Representative and relationship

Date