

Central Alabama Kidney and Hypertension Center, P.C.

Authorization for Release of Protected Health Information

Name \_\_\_\_\_ DOB \_\_\_\_\_

Social Security # \_\_\_\_\_

I authorize Central Alabama Kidney and Hypertension Center, P.C. to use and/or disclose the following protected health information to \_\_\_\_\_

Address \_\_\_\_\_:

This authorization is limited to release as indicated below:

Treatment notes \_\_\_\_\_ x-ray/lab reports \_\_\_\_\_ Hospitalization records \_\_\_\_\_

Immunizations \_\_\_\_\_ Other \_\_\_\_\_

I give special permission to release any information regarding: (Patient's Initials)

Substance Abuse \_\_\_\_\_ Psychiatric/Mental \_\_\_\_\_ HIV/Aids information \_\_\_\_\_

This protected health information is being used and/or disclosed for the following purpose(s):

\_\_\_\_\_

This authorization shall be in force and effect for one year unless otherwise indicated by me. I also authorize the release of Information via electronic (e.g. fax and computer) when deemed necessary for continuing medical care.

I understand that I have the right to revoke this authorization, in writing, at any time by sending such written notification to Privacy Officer at 4163 Lomax Street, Montgomery, Al 36106. I understand that a revocation is not effective to the extent that Central Alabama Kidney and Hypertension Center, P.C. has relied on the use or disclosure of the protected health information. *I understand that my protected health information may include information concerning sexually transmitted diseases and I authorize the release of this information for the purposes stated above.* I understand that information used or disclosed pursuant to this authorization may be subject to disclosure by the recipient and may no longer be protected by federal or state law.

I understand that I have the right to refuse to sign this authorization.

\_\_\_\_\_  
Signature of Patient or Personal Representative

\_\_\_\_\_  
Relationship to patient (or other authority to serve)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness