MERRITT HEALTH & WELLNESS, LLC HIPAA AUTHORIZATION FORM

Patient's Name | **Patient's Date of Birth**

Patient's Address | **Patient's Telephone Number**

Patient's City, State Zip Code | **Patient's E-mail Address**

I hereby authorize ***Merritt Health & Wellness, LLC*** the use or disclosure of protected health information about me as described below.

The following person may receive disclosure of protected health information about me:

Name

Address

City, State Zip Code

The specific information that should be disclosed is (please give dates of service if possible):

_____

_____

_____

PLEASE INITIAL HERE REGARDING INFORMATION ABOUT ALCOHOL/SUBSTANCE ABUSE, HIV/AIDS, OR MENTAL HEALTH:

_____**YES**, DISCLOSE THIS INFORMATION

_____**NO**, **DO NOT** DISCLOSE THIS INFORMATION

1. I understand that the information used or disclosed may be subject to re-disclosure by the person receiving it, and would then no longer be protected by federal privacy regulations.
2. I may revoke this authorization by notifying ***Merritt Health & Wellness, LLC*** in writing of my desire to revoke it. However, I understand that any action already taken in reliance on this authorization cannot be reversed, and my revocation will not affect those actions.
3. This authorization expires on _____, 20____, OR upon occurrence of the following event that relates to me or to the purpose of the intended use or disclosure of information about me: _____.

FEES FOR COPIES: Federal and state laws permit a fee to be charged for the copying of patient records. You may be required to pre-pay for the copies.

_____ | _____ | _____

Signature (The person about whom the information relates) | **Date of Signature** | **Date of Birth**

OR, if applicable –

_____ | _____ | _____

Signature of Guardian or Personal Representative of Patient's Estate | **Date of Guardian's/Personal Representative's Signature** | **Description of Authority to Act for the Individual**

A copy of this completed, signed and dated form must be given to the Individual or other signator.