Women's Health Alliance, L.L.C.
142 Highway 35, Suite 105 Eatontown, NJ 07724

AUTHORIZATION FOR DISCLOSURE OF PROTECTED HEALTH INFORMATION

I AUTHORIZE MY PHYSICIAN AND/OR ADMINISTRATIVE AND CLINICAL STAFF TO DISCLOSE THE FOLLOWING PROTECTED HEALTH INFORMATION TO:

☐ MYSELF ONLY ☐ MY SPOUSE, SIGNIFICANT OTHER OR PARENT (SPECIFIY NAME)_____

☐ OTHER (SPECIFY NAME) _____

INFORMATION TO BE DISCLOSED:

☐ LABORATORY RESULTS ☐ X-RAY RESULTS ☐ DIAGNOSIS

☐ OTHER TEST RESULTS (SPECIFY)_____ ☐ OTHER _____ ☐ DATES OF SERVICE_____

THIS PROTECTED HEALTH INFORMATION IS BEING USED OR DISCLOSED FOR THE FOLLOWING PURPOSES:

☐ AT THE REQUEST OF MYSELF ☐ OTHER _____

I WOULD LIKE TO BE CONTACTED AT MY:

☐ HOME PHONE _____ ☐ CELL PHONE _____

☐ WORK PHONE _____ ☐ OTHER _____

REGARDING THE OFFICE STAFF OR PHYSICIAN LEAVING INFORMATION OR CONFIRMING APPOINTMENTS ON MY ANSWERING MACHINE, VOICE MAIL, OR WITH MY ANSWERING SERVICE?

☐ YES, I GIVE MY PERMISSION FOR MEDICAL INFORMATION TO BE LEFT ON MY ANSWERING SYSTEMS

☐ NO, I DO NOT WANT MESSAGES OR MEDICAL INFORMATIONLEFT ON MY ANSWERING SYSTEMS

THIS AUTHORIZATION SHALL BE IN FORCE AND EFFECT UNTIL _____ (DATE) AT WHICH TIME THIS AUTHORIZATION EXPIRES.

I UNDERSTAND THAT I HAVE THE RIGHT TO REVOKE THIS AUTHORIZATION, IN WRITING AT ANY TIME BY SENDING SUCH WRITTEN NOTIFICATION TO THE OFFICE'S PRIVACY CONTACT AT THE ABOVE ADDRESS. I UNDERSTAND THAT A REVOCATION IS NOT EFFECTIVE TO THE EXTENT THAT MY PHYSICIAN HAS RELIED ON THE USE OR DISCLOSURE OF THE PROTECTED HEALTH INFORMATION OR IF MY AUTHORIZATION WAS OBTAINED AS A CONDITION OF OBTAINING INSURANCE COVERAGE AND THE INSURER HAS A LEGAL RIGHT TO CONTEST A CLAIM.

I UNDERSTAND THAT INFORMATION USED OR DISCLOSED PURSUANT TO THIS AUTHORIZATION MAY BE DISCLOSED BY THE RECIPIENT AND MAY NO LONGER BE PROTECTED BY THE FEDERAL HIPPA PRIVACY RULE OR STATE LAW.

_____ _____

Signature of Patient or Personal Representative **Date**

_____ _____

Print Name of Patient or Personal Representative **Description of Personal Representative's Authority**