



AUTHORIZATION FORM FOR RELEASE OF HEALTH INFORMATION

Patient Name _____
Patient # _____ DOB _____

PATIENT NAME:

_____ LAST FIRST MI MAIDEN OR OTHER NAME

DATE OF BIRTH: ____ - ____ - ____ SS#: ____ - ____ - ____ MEDICAL RECORD #: _____
MO DAY YR

ADDRESS: _____ CITY: _____ STATE: ____ ZIP: _____

DAY PHONE: _____ EVENING PHONE: _____

I HEREBY AUTHORIZE PLANNED PARENTHOOD HUDON PECONIC TO RELEASE MY HEALTH INFORMATION TO:

NAME: _____

ADDRESS: _____ CITY: _____ STATE: ____ ZIP: _____

PHONE: _____ FAX: _____

HEALTH INFORMATION TO BE RELEASED:

I specifically authorize release of the following information:

- Entire Medical Record, OR (check the appropriate box(s))
- History and physical exam
- Progress notes
- Substance abuse (including alcohol/drug abuse)
- Lab reports
- Sonogram reports
- HIV related information (AIDS related testing) (additional consent needed)
- Other: _____

DATES:

This Authorization is made for the following purpose:

- At my request, OR
- Specify: _____

Patient Name _____
Patient # _____ DOB _____

CONDITIONS OF AUTHORIZATION

1. This Authorization will expire on (insert date or event): _____

2. I may revoke this Authorization at any time by notifying Planned Parenthood Hudson Peconic, Inc. in writing, and it will be effective on the date notified except to the extent that Planned Parenthood Hudson Peconic, Inc. has already acted upon such Authorization.
3. Information used or disclosed pursuant to this Authorization may be subject to re-disclosure by the recipient and no longer protected by Federal privacy regulations.
4. By authorizing this release of information, my healthcare and payment for my healthcare will not be affected if I do not sign this Authorization form.
5. I have been offered a copy of this signed Authorization form.
6. I have been informed that Planned Parenthood Hudson Peconic, Inc. will will not receive financial or in-kind compensation in exchange for using or disclosing the health information described above.

Signature of Patient

Date

OR

Legal Guardian

Date

FOR OFFICE USE ONLY	
DATE REQUEST FILLED: _____	BY: _____
IDENTIFICATION PRESENTED: _____	
FORM OF IDENTIFICATION: _____	

Revised 4/15/09