

AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

Monarch Health 3260 W. Henderson Road Suite 100 Columbus OH 43220

Ph: 545-2002 Fax: 545-7546

Name: _____ D.O.B: _____ SSN: _____

Primary Physician: _____ Date of Request: _____

I hereby authorize Monarch Health to: _____ **Disclose** the following protected health information.

_____ **Receive** the following protected health information.

_____ Operative notes and reports _____ Physician's progress notes _____ X-ray reports

_____ Lab/test results _____ Other (please specify): _____

_____ Entire medical record (including HIV, AIDS, alcohol, drug abuse and mental health records.)

Purpose of Release. The protected health information will be used or disclosed for the following purpose(s):

_____ Ongoing treatment and care _____ Specialist referral _____ Other (specify): _____

Releasing Party. The person(s)/class of persons authorized to make this use or disclosure is/are:

Name of Physician or Facility: _____

Address: _____

Receiving Party. The person(s)/class of persons to whom Monarch Health may make the use or disclosure is:

Name of Physician or Facility: _____

Address: _____

Expiration. This authorization will expire on _____ or when _____

Revocation. The patient may revoke this authorization at any time, except to the extent that Monarch Health has acted in reliance on this authorization. Revocation may be made in writing on a form provided by Monarch Health and delivered to the Privacy Officer.

Redisclosure. Information used or disclosed under this authorization will be given to recipients who may redisclose the information and those later disclosures may not be protected by law.

Patient's Rights. The patient may inspect or copy the protected health information used or disclosed pursuant to authorization and may refuse to sign this authorization. Except where allowed by law, Monarch Health will not condition treatment, payment or other health care benefits on the giving of this authorization.

Patient or Personal Representative

Date

Description of Personal Representative's Authority

(Personal Representative is a person authorized by law to make health care decisions on behalf of the individual, i.e., parent/legal guardian or Durable Power of Attorney for Healthcare.)