AUTHORIZATION TO DISCLOSE PROTECTED HEALTH INFORMATION

Patient's Full Name	**Patient's Social Security/Medical Record Number**
Address	**Patient's Date of Birth**
City, State, Zip Code	**Patient's Phone Number**

I hereby authorize the use or disclosure of my protected health information as described below.

1. My protected health information may be disclosed to the following persons (or classes of persons):

   Name

   Address

   City, State, Zip Code

2. The specific information to be disclosed is (provide service dates, if possible):

   ____

   ____

   UNLESS YOU SIGN HERE, no information on alcohol or substance abuse, HIV/AIDS, or mental health will be disclosed:
   YES, DISCLOSE THIS INFORMATION ____
   NO, **DO NOT** DISCLOSE THIS INFORMATION ____

3. I understand that the information used or disclosed may be subject to re-disclosure by the person or entity receiving it and would not be protected by federal privacy laws.
4. I may revoke this authorization by providing written notice to the Privacy Officer at Salus. I understand that any action taken based on this authorization cannot be reverted, and my revocation will not affect such actions.
5. Salus will not condition my treatment to the signature of this authorization.
6. Purpose/use of the information: .
7. This authorization expires on the ___ day of _______________, 20___ (not later than 2 years after the day it was signed)

COPY FEES: According to federal and local law, we may charge a fee for medical record copies. We may request that you pay in advance. Otherwise, we will send a bill along with your copies.
COMPLETE THIS FORM IN ITS ENTIRETY BEFORE SIGNING IT – Please note you must provide your signature in 2 places.

Signature (Person the information relates to)	**Date**	**Date of birth**
Signature of personal representative	**Date**	**Description of power of attorney**

A completed, signed, and dated copy of this form will be delivered to the individual if requested.

Official Use Only		
Received	**Processed by**	**Medical Record #**

Revised April/3/2020