HorizonView HEALTH

Authorization to Discuss Medical Information

I hereby authorize you to use or disclose the specific information described below, only for the purposes and parties also described below.

Description of the specific information to be discussed:

❑ Appointment Dates/Times ❑ Diagnosis ❑ X-Ray Results ❑ Medications

❑ Lab Tests/Results ❑ Summary of Medical Record ❑ Care Plan

❑ Other (specify): _____

Indicate confidential information:

❑ Mental Health ❑ HIV Information ❑ Alcohol/Drug Information

Patient Name: _____

Date of Birth: _____

Information to be given to:

Name: _____

Relationship: _____

Address: _____

Phone: _____

This authorization shall remain in effect from the date signed below until (please check one):

☐ _____ (specify expiration date or event)

☐ NO EXPIRATION

I understand that:

- I may inspect or copy the protected health information to be used or disclosed.
- I may revoke this authorization in writing by contacting your office, attention Administrator.
- This authorization is giving HorizonView Health the right to discuss my medical information with the one or more people listed above.
- Information used or disclosed pursuant to the authorization may be subject to re-disclosure by the recipient and no longer be protected by the HIPAA.
- I may refuse to sign this authoirzation and you will not condition treatment or payment on my providing this authorization (except to the extent that the authorization is for research-related treatment, in which case you may refuse to provide that research-related treatment.)

_____

Signature (if 13 or older, signed by Patient) Date

_____

Relationship to Patient (if signed by personal representative of Patient)

SPECIFIC CONFIDENTIAL CONTACT PREFERENCES

I would like all communications regarding my confidential health care information conveyed to me in the following manner / at the following location:

❑ **Via Mail** to this address: _____

_____

❑ **Via Phone** at this number: _____ **OK to leave a detailed message?** ❑ Yes ❑ No

❑ **Via Secure Message** on My Chart Patient Portal: ❑ Yes ❑ No