Karen M. Sanders, PhD, ABPP/CN
Board Certified Neuropsychologist

HIPAA Release of Information

Patient's name:________________________________ Date of Birth: _________________

Previous name: ____

I. My Authorization

You may use or exchange the following healthcare information (check all that apply):

_______ All healthcare information in my medical record

_______ Health information in my medical record relating to the following treatment or condition:____

_______ Healthcare information in my medical record for the date(s): __________________

You may use or exchange healthcare information regarding testing, diagnosis and treatment for (check all that apply):

_______ HIV (AIDS)

_______ STD

_______ Psychiatric disorder/mental health

_______ Drug and/or alcohol use

You may exchange this healthcare information with:

Name (or title) and organization: ____

Address: ____

City:____________________________ State: _____________ Zip: ____________________

Phone: _________________________________Fax: ________________________________

Reason for authorization (check all that apply):

_______ At my request

_______ Other (specify): ____

_______ This authorization ends:

(This document does not permit disclosure of health information created more than 90 days after the date signed)

_______In 90 from (date) ____________________

II. My Rights

I understand I do not have to sign this authorization in order to get healthcare benefits (treatment, payment or enrollment). However, I do have to sign an authorization form:

- To receive healthcare when the purpose is to create healthcare information for a third party.
- I may revoke this authorization in writing. If I did, it would not affect any actions already taken by Dr. Sanders based upon this authorization. I may not be able to revoke this authorization if its purpose was to obtain insurance. A written letter to Dr. Sanders to revoke authorization.
- Once the healthcare information is disclosed, the person or organization that receives it may not disclose it.. Privacy laws may no longer apply. If the letter is received after documents are sent to a previously requested third party and records are placed in another facilities computer system, Dr. Sanders' has no authority to remove this data and you will have to contact the third party regarding your request.

Signature: ____

Date: ____