

**APPENDIX A  
AUTHORIZATION FOR DISCLOSURE OF HEALTH INFORMATION**

\_\_\_\_\_  
Name of Patient

\_\_\_\_\_  
Birth Date

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

**I hereby authorize:**

**To disclose my protected health  
Information, as described below, to:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name of Individual or Entity

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Email Address

**Information to be released:**

Medical History, Examination Reports  
 Laboratory Reports  
 Sexually Transmitted Disease  
 Hospital Records Including Reports  
 Allergy Records  
 Dental Records  
 Other \_\_\_\_\_

Treatment or Tests  
 HIV Test Results\*  
 Surgical Reports  
 Developmental Disabilities  
 Drug Abuse  
 Radiographs

X-Ray Reports  
 Mental Health  
 Prescriptions  
 Consultations  
 Alcoholism  
 Oral/Facial Images

\*A listing of statutory exceptions to release of HIV test results without consent is available.

**Purpose for Need of Disclosure**

\_\_\_\_\_ At the request of the individual

I understand that the health information disclosed as a result of this authorization may no longer be protected by federal privacy standards and my health information might be redisclosed without my authorization.

**I understand that I have the right to:**

- **Receive a Copy of This Authorization.**
- **Refuse to Sign This Authorization** and that treatment, payment, enrollment in a health plan or eligibility for health care benefits may not be contingent on my signing this authorization.
- **Revoke This Authorization**, except to the extent that the person(s) and or organization(s) listed above have already made in reference to this authorization.

This authorization will remain in effect until the following date(s): \_\_\_\_\_, or event: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Patient (or Legal Representative)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Relationship to Patient**

\_\_\_\_\_  
**Date**