Camelback Women's Health

Authorization to Share Protected Information

Camelback Women's Health **DOES NOT** release private health information to anyone without specific written authorization to do so.

Protection of confidential information also applies to spouses, partners, and parents (including parents of minors in certain circumstances) in accordance with state and federal laws.

Please mark one:

_____ **I do not wish to have my personal and confidential information shared with anyone other than myself.**

_____ I am giving Camelback Women's Health permission to share my personal, protected and confidential information with the individuals I have listed below. I understand this authorizes complete access to the following protected information including, but not limited to: laboratory results, radiology results, physician notes, assessments, findings, and opinions, as well as, financial information relating to account status, collection status, and payment history:

Name: _____ Relationship: _____ SS# or DOB _____

Name: _____ Relationship: _____ SS# or DOB _____

Name: _____ Relationship: _____ SS# or DOB _____

Name: _____ Relationship: _____ SS# or DOB _____

This authorization will remain in effect ***indefinitely*** unless a specific date is written here: _____

I understand this authorization may be revoked or revised at any time by me in writing. I understand Camelback Women's Health cannot be held responsible for information released under this agreement prior to the receipt of a written revocation and I will not hold Camelback Women's Health responsible for such disclosures.

I understand I will need to provide separate written authorization to receive copies of my protected health information. Photocopying fees will apply unless records are sent directly to another physician.

I have read this agreement and understand my personal protected health information **will not** be shared unless I have specifically indicated the approved individuals above.

_____

Patient Name

_____ _____

Patient Signature Date