*****HIPAA*****

Colorado West Otolaryngologists, PC

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AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

Patient's name _____ Date of Birth _____

Previous or AKA name _____

MY AUTHORIZATION

I authorize Colorado West Otolaryngologists, PC to disclose my specified health information to the following individual(s) in person or by telephone as described and directed below.

Individual(s) authorized to have my specified health information disclosed to them:

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Information that Colorado West Otolaryngologists, PC may disclose:

- Appointment information (person may schedule/reschedule for me)
- Billing information
- All Health Care Information
- All Health Care Information EXCEPT the following excluded information:
  - Do not share information related to psychological or psychiatric conditions.
  - Do not share information related to drug abuse.
  - Do not share information related to alcohol abuse.
  - Do not share information related to HIV/AIDS
  - Do not share information related to: _____

This Authorization is valid for 1 year or ❑ _____
Date

ACKNOWLEDGEMENT

I understand by completing this form, I am giving authorization to the above-stated person(s) to receive health information from my medical chart. I understand that information disclosed pursuant to this authorization may be re-disclosed to additional parties and no longer protected. I release Colorado West Otolaryngologists, PC, from all liability concerning disclosure of this information.

I understand that this authorization is at my request, and I may revoke or change my request at any time in writing. If I do, it will not affect any actions already taken by the above-named person(s) or by Colorado West Otolaryngologists, PC based upon the authorization.
By signing below, I acknowledge that I have read and understand the above information.

_____ _____ _____ _____
Signature of Patient/Guardian Relationship/Self Guardian Print Name Date

Note added by:_____ Date: _____