



HIPAA 1 226 Authorization to Release Protected Health Information To Friends or Family Members

Name of Patient: _____

Date of Birth: _____ Account Number: _____

I hereby authorize medical providers and personnel of Spokane Eye Clinic and Spokane Eye Surgery Center to discuss my protected health information with:

Three rows of fields for (Printed Name), (Phone #, with area code), and (Relationship).

I understand certain protected health information cannot be released without specific authorization as required by state or federal law. By initialing the lines below, I authorize the release of the following protected or sensitive information (check all that apply).

- Information regarding a diagnosis and treatment for HIV/AIDS
Information specific to mental health or illness
Information specific to drug and/or alcohol abuse
Information specific to a sexually transmitted disease and/or reproductive care

Minors – a minor patient’s signature is required in order to disclose information related to reproductive care, sexually transmitted diseases (if age 14 and older), HIV/AIDS (if age 14 and older), drug and/or alcohol abuse (if age 13 and older), and mental health or illness (if age 13 and older).

This authorization shall be in force and in effect from _____ until _____ at which time this authorization to use or disclose this protected health information expires.

- Unless specified above, this authorization will expire 365 days from the date of signing.
I understand I have the right to revoke this authorization, in writing, at any time.
I understand such revocation is not effective to the extent the Clinic or Surgery Center has relied on the use or disclosure of the protected health information.
I understand information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by federal or state law.
I understand I have the right to refuse to sign this authorization.

Signature of Patient/Personal Representative Name of Patient/Personal Representative

Date and Description of Personal Representative’s Authority Phone number, including area code