



UTAH ADDICTION MEDICINE

HIPPA Privacy Authorization Form *Authorization for Use or Disclosure of Protected Health Information (Required by the Health Insurance Portability and Accountability Act, 42 C.F.R. Parts 160 and 164) *

1. I authorize **UTAH ADDICTION MEDICINE** and _____ to share and disclose the protected health information described below for coordination of care.
2. Effective Period: This authorization for release of information covers the period of healthcare form: a. _____ to _____. **OR**
b. all past, present and future periods.
3. Extent of Authorization: I authorize the release of my complete health record (including records relating to mental healthcare, communicable diseases, HIV or AIDS, and treatment of alcohol or drug abuse.)
4. This medical information may be used by the person I authorize for the coordination of care, billing or claims payment, or other purposes as I may direct.
5. This authorization shall be in force and effect until _____ (date or event), at which time this authorization expires.
6. I understand that I have the right to revoke this authorization, in writing, at any time. I understand that a revocation is not effective to the extent that any person or entity has already acted in reliance on my authorization or if my authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to consent a claim.
7. I understand that my treatment, payment, enrollment, or eligibility for benefits will not be conditioned on whether I sign this authorization.
8. I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law.

Printed Name: _____ DOB: _____

Signature: _____ Date: _____

Relationship: _____



UTAH ADDICTION MEDICINE

*HIPPA Privacy Authorization Form *Authorization for Use or Disclosure of Protected Health Information (Required by the Health Insurance Portability and Accountability Act, 42 C.F.R. Parts 160 and 164) **