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Asheville, NC 28801  
Phone 828-252-2511 Fax 828-252-2555

## STANDARD AUTHORIZATION OF USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

**Purposes of Disclosure-** Our Family Doctor may disclose information for the following reasons:

- Referral to specialist
- Disability Determination
- Transferring care to another doctor
- Insurance
- Legal Investigation
- Workers Compensation

\_\_\_ I DO, \_\_\_ I DO NOT authorize Our Family Doctor to release information related to HIV infection, psychiatric care, psychological assessment, and treatment for alcohol and/or drug abuse.

**This authorization is effective indefinitely unless revoked or terminated earlier by the patient or the patient's personal representative.**

**Right to Terminate or Revoke Authorization-** You may revoke or terminate this authorization by submitting a written revocation to Our Family Doctor. You should contact the practice manager, Karen Fisher; to terminate this authorization.

**Potential for Re-Disclosure-** Information that is disclosed under this authorization may be disclosed again by the person or organization to which it is sent. It may not be possible to ensure your right to protection of the privacy of this information once Our Family Doctor discloses it to another party.

**Rights of the Individual-** You may inspect or copy information used or disclosed under this authorization. You may also refuse to sign this authorization.

**Effect of Refusing Authorization-** If you refuse to sign this authorization, Our Family Doctor will not deny you treatment expect research-related treatment or treatment that you have requested for the purpose of disclosure to others.

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Patient Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_