WOMEN'S HEALTH ALLIANCE of MOBILE

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Use and disclosure of Protect Health Information (PHI) Authorization Form - Release of Information(ROI)

Patient Name: _____ Date of Birth: _____

By signing this Authorization Form, I understand I am giving authorization to IMC-Women's Health Alliance of Mobile, +medical record custodian, to release my protected health information including Medical, Psychiatric, Alcohol, HIV, Drug Abuse, Reproductive Healthcare and/or Financial Information contained in my records. I authorize IMC-Women's Health Alliance of Mobile to:

[ ] Disclose (release) to: or [ ] Obtain (request) from:

Name of Person or Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Purpose of release: ☐ Continuity of Care ☐ Change of PCP ☐ Insurance Claim
☐ Personal Use ☐ Legal Use
☐ Other _____

Personal Health Information to be disclosed/or obtained:

☐ All Medical Records ☐ Immunization Records
☐ Lab Reports ☐ Progress Notes
☐ Operative Notes ☐ Radiology Reports
☐ Pathology Reports ☐ Other _____

Comments: _____

Medium to be Used: ☐ Paper, ☐ MyChart, ☐ CD/DVD, ☐ Email: _____

I understand that I can revoke this authorization at any time except to the extent that any action has been taken in reliance on this authorization. I can revoke this authorization by submitting a written request to IMC-Women's Health Alliance of Mobile.

This authorization will expire 1 year from the date of signing below unless specified otherwise. Date of expiration if different: _____

I understand that IMC-Women's Health Alliance of Mobile will not condition treatment or payment on whether you sign this authorization unless this authorization is for the provision of research-related treatment or for the creation of health information for disclosure to a third party.

_____ _____
Signature of Patient Date

_____ _____ _____
Signature of Authorized Representative Date Relationship

Records given to patient/representative on Date: _____ By Signature: _____

When selecting email as the medium to receive information you are accepting potential security risk associated with unencrypted email. Information used or disclosed pursuant to this authorization may be subject to redisclosure by the recipient and is no longer protected under Title 45 CFR 160.