

HIPAA AUTHORIZATION FORM
(records coming in)

INDIVIDUAL'S NAME (please print): _____

DATE OF BIRTH: _____

INDIVIDUAL'S ADDRESS _____

I hereby authorize use or disclosure of protected health information about me as described below.

1. _____ is authorized to disclose information about me:

2. The following person (or class of persons) may receive disclosure of protected health information about me:

JOHN R HARTMAN MD & ASSOCIATES
825 EAST OAK STREET
KISSIMMEE, FL 34744

(tel) 321-442-1214 (fax) 321-442-1215

3. The specific information that should be disclosed is (please give dates of service if possible):

UNLESS YOU SIGN HERE, NO INFORMATION ABOUT ALCOHOL/SUBSTANCE ABUSE, HIV/AIDS, OR MENTAL HEALTH WILL BE DISCLOSED: YES, DISCLOSE THIS INFORMATION _____

NO, DO NOT DISCLOSE THIS INFORMATION _____

4. I understand that the information used or disclosed may be subject to re-disclosure by the person or class of persons or facility receiving it, and would then no longer be protected by federal privacy regulations.

5. I may revoke this authorization by notifying _____ in writing of my desire to revoke it. However, I understand that any action already taken in reliance on this authorization cannot be reversed, and my revocation will not affect those actions. I understand that the medical provider to whom this authorization is furnished may not condition its treatment of me on whether or not I sign the authorization.

6. My purpose for/intended use of the information is _____.

7. This authorization never expires, OR upon occurrence of the following event that relates to me or to the purpose of the intended use or disclosure of information about me: _____.

THIS FORM MUST BE FULLY COMPLETED BEFORE SIGNING – note that signature is required in two places.

Signature of Individual
(The person about whom the information relates)

Date of Individual's Signature

Date of Birth or Social Security #

OR, if applicable –

Signature of Guardian or
Personal Representative of Patient's Estate

Date of Guardian's/Personal
Representative's Signature

Description of Authority to Act for
the Individual