AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

I authorize:

_____
(Name of previous Doctor or facility)

_____
(Address, City, State, Zip)

_____
(Phone Number) (Fax Number)

To release health information to:

Bash Family Practice
200 Renaissance Dr. Suite 403
Butler, PA 16001
Phone: (724) 285-1988 Fax: (724) 256-8752

Health information you authorize to be released:

Type(s) of health information: (All unless otherwise specified) _____

Date(s) of treatment: (All unless otherwise specified) _____

Reason: Continuity of Care/Change of PCP **OR** Other:_____

The following information will not be released unless you specifically authorize it by marking the relevant box(es) below:

☐ Information pertaining to drug and alcohol use, diagnosis or treatment
☐ Information pertaining to mental health diagnosis or treatment
☐ Release of HIV/AIDS test results
☐ Release of genetic testing information

Expiration of Authorization: Unless otherwise revoked, this Authorization expires in 12 months after the date of my signing the form.

Print Name: _____ Signature: _____

Date of Birth: _____ SSN: _____

Relationship to Patient: _____ Date: _____

Hospitals, physicians and health plans are required by law to keep your health information confidential. If you have authorized the disclosure of your health information to someone wo is not legally required to keep it confidential, state or federal confidentiality laws may no longer protect it. This Authorization to release health information is voluntary. Treatment may not be conditioned on signing this Authorization except in the following cases: (1) to conduct research-related treatment, (2) to obtain information in connection with eligibility or enrollment in a health plan, (3) to determine an entity's obligation to pay a claim, (4) to create health information to provide to a third party.
This Authorization may be revoked at any time. This revocation must be in writing, signed by you or your patient representative. This revocation will take effect when Bash FP receives it except to the extent Bash FP or others have already relied on it.

You are entitled to receive a copy of this Authorization.