



HIPPA AUTHORIZATION FOR USE OR DISCLOSURE OF HEALTH INFORMATION

Date: _____

THE PATIENT. This form is for use when such authorization is required and complies with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Standards.

Patient's Name: _____ Date of Birth: _____

Social Security Number: ____ - ____ - ____

AUTHORIZATION. I authorize Chapala Health & Aesthetics, LLC ("Authorized Party") to use or disclose the following: (check one)

- All of my medical-related information.
- My medical information ONLY related to: _____.
- My medical-related information from _____, 20____ to _____, 20____.
- Other: _____.

Hereinafter known as the "Medical Records."

DISCLOSURE. The Authorized Party has my authorization to disclose Medical Records to: (check one)

- Any party that is approved by the Authorized Party.
- ONLY the following party: Name: _____

Address: _____ Phone: (____) ____ - ____
Fax: (____) ____ - ____ E-Mail: _____

ACKNOWLEDGMENT OF RIGHTS

I understand that I have the right to revoke this authorization, in writing and at any time, except where uses or disclosures have already been made based upon my original permission. I might not be able to revoke this authorization if its purpose was to obtain insurance.

I understand that uses and disclosures already made based upon my original permission cannot be taken back.

I understand that it is possible that Medical Records and information used or disclosed with my permission may be re-disclosed by a recipient and no longer protected by the HIPAA Privacy Standards.

I understand that treatment by any party may not be conditioned upon my signing of this authorization (unless treatment is sought only to create Medical Records for a third party or to take part in a research study) and that I may have the right to refuse to sign this authorization.

I will receive a copy of this authorization after I have signed it. A copy of this authorization is as valid as the original.

Signature of Patient: _____ Date: _____

Print Name: _____