AUTHORIZATION TO DISCLOSE PROTECTED HEALTH INFORMATION

Developed for Texas Health & Safety Code § 181.154(d) effective June 2013

Please read this entire form before signing and complete all the sections that apply to your decisions relating to the disclosure

NAME OF PATIENT OR INDIVIDUAL

of protected health information. Covered entities as that term is defined by HIPAA and Texas Health & Safety Code § 181.001 must obtain a signed authorization from the individual or the individual's legally authorized representative to electronically disclose that individual's protected health information. Authorization is not required for disclosures related to treatment, payment, health care operations, performing certain insurance functions, or as may be otherwise authorized by law. Covered entities may use this form or any other form that complies with HIPAA, the Texas Medical Privacy Act, and other applicable laws. Individuals cannot be denied treatment based on a failure to sign this authorization form, and a refusal to sign this form will not affect the payment, enrollment, or eligibility for benefits.		Last OTHER NAME(S) USED DATE OF BIRTH Month ADDRESS CITY PHONE () EMAIL ADDRESS (Optional):	STAT	Year EZIP
AUTHORIZE THE FOLLOWI	NG TO DISCLOSE THE INDIVIDUAL	'S PROTECTED HEALTH		OR DISCLOSURE
Address City Phone ()	StateFax () E THE HEALTH INFORMATION?		□ Treatment/Continuing Medical Care □ Personal Use □ Billing or Claims □ Insurance □ Legal Purposes □ Disability Determination □ School □ Employment □ Other	
Person/Organization Name _ Address	State			
	DISCLOSED? Complete the following be of some of these items. If all health info			
☐ All health information☐ Physician's Orders☐ Progress Notes☐ Pathology Reports	□ Patient Allergies□ Discharge Summary	 □ Past/Present Medications □ Operation Reports □ Diagnostic Test Reports □ Radiology Reports & Image 	es	□ Lab Results □ Consultation Reports □ EKG/Cardiology Reports □ Other
Your initials are required to re	elease the following information:			
Mental Health Records (eDrug, Alcohol, or Substar		Genetic Information (includ HIV/AIDS Test Results/Tre		st Results)
	his authorization is valid until the ear nission is withdrawn; or the following s			
horization to the person or c	tand that I can withdraw my permission organization named under "WHO CAN on this authorization by entities that	N RECEIVE AND USE THE H	EALTH INFO	RMATION." I understand that
derstand that refusing to sig s otherwise permitted by la ed by Texas Health & Safe	N: I have read this form and agrenthis form does not stop disclosured without my specific authorization ty Code § 181.154(c) and/or 45 (c) be subject to re-disclosure by the read	re of health information that n or permission, including di C.F.R. § 164.502(a)(1). I und	has occurred sclosures to erstand that	prior to revocation or that covered entities as provid- information disclosed pursu-
SIGNATURE X				
	f Individual or Individual's Legally Au	thorized Representative		DATE
	red Representative (if applicable):ship to the individual: □ Parent of mino	r □ Guardian □ C	Other	
	required for the release of certain types of exually transmitted diseases, and drug, a			
SIGNATURE X				
Signature of Minor Individual				DATE

IMPORTANT INFORMATION ABOUT THE AUTHORIZATION TO DISCLOSE PROTECTED HEALTH INFORMATION

Developed for Texas Health & Safety Code § 181.154(d) effective June 2013

The Attorney General of Texas has adopted a standard Authorization to Disclose Protected Health Information in accordance with Texas Health & Safety Code § 181.154(d). This form is intended for use in complying with the requirements of the Health Insurance Portability and Accountability Act and Privacy Standards (HIPAA) and the Texas Medical Privacy Act (Texas Health & Safety Code, Chapter 181). Covered Entities may use this form or any other form that complies with HIPAA, the Texas Medical Privacy Act, and other applicable laws.

Covered entities, as that term is defined by HIPAA and Texas Health & Safety Code § 181.001, must obtain a signed authorization from the individual or the individual's legally authorized representative to electronically disclose that individual's protected health information. Authorization is not required for disclosures related to treatment, payment, health care operations, performing certain insurance functions, or as may be otherwise authorized by law. (Tex. Health & Safety Code §§ 181.154(b),(c), § 241.153; 45 C.F.R. §§ 164.502(a)(1); 164.506, and 164.508).

The authorization provided by use of the form means that the organization, entity or person authorized can disclose, communicate, or send the named individual's protected health information to the organization, entity or person identified on the form, including through the use of any electronic means.

Definitions - In the form, the terms "treatment," "healthcare operations," "psychotherapy notes," and "protected health information" are as defined in HIPAA (45 CFR 164.501). "Legally authorized representative" as used in the form includes any person authorized to act on behalf of another individual. (Tex. Occ. Code § 151.002(6); Tex. Health & Safety Code §§ 166.164, 241.151; and Tex. Probate Code § 3(aa)).

Health Information to be Released - If "All Health Information" is selected for release, health information includes, but is not limited to, all records and other information regarding health history, treatment, hospitalization, tests, and outpatient care, and also educational records that may contain health information. As indicated on the form, specific authorization is required for the release of information about certain sensitive conditions, including:

- · Mental health records (excluding "psychotherapy notes" as defined in HIPAA at 45 CFR 164.501).
- · Drug, alcohol, or substance abuse records.
- · Records or tests relating to HIV/AIDS.
- · Genetic (inherited) diseases or tests (except as may be prohibited by 45 C.F.R. § 164.502).

Note on Release of Health Records - This form is not required for the permissible disclosure of an individual's protected health information to the individual or the individual's legally authorized representative. (45 C.F.R. §§ 164.502(a)(1)(i), 164.524; Tex. Health & Safety Code § 181.102). If requesting a copy of the individual's health records with this form, state and federal law allows such access, unless such access is determined by the physician or mental health provider to be harmful to the individual's physical, mental or emotional health. (Tex. Health & Safety Code §§ 181.102, 611.0045(b); Tex. Occ. Code § 159.006(a); 45 C.F.R. § 164.502(a)(1)). If a healthcare provider is specified in the "Who Can Receive and Use The Health Information" section of this form, then permission to receive protected health information also includes physicians, other health care providers (such as nurses and medical staff) who are involved in the individual's medical care at that entity's facility or that person's office, and health care providers who are covering or on call for the specified person or organization, and staff members or agents (such as business associates or qualified services organizations) who carry out activities and purposes permitted by law for that specified covered entity or person. If a covered entity other than a healthcare provider is specified, then permission to receive protected health information also includes that organization's staff or agents and subcontractors who carry out activities and purposes permitted by this form for that organization. Individuals may be entitled to restrict certain disclosures of protected health information related to services paid for in full by the individual (45 C.F.R. § 164.522(a)(1)(vi)).

Authorizations for Sale or Marketing Purposes - If this authorization is being made for sale or marketing purposes and the covered entity will receive direct or indirect remuneration from a third party in connection with the use or disclosure of the individual's information for marketing, the authorization must clearly indicate to the individual that such remuneration is involved. (Tex. Health & Safety Code §181.152, .153; 45 C.F.R. § 164.508(a)(3), (4)).

Limitations of this form - This authorization form shall not be used for the disclosure of any health information as it relates to: (1) health benefits plan enrollment and/or related enrollment determinations (45 C.F.R. § 164.508(b)(4)(ii), .508(c)(2)(ii); (2) psychotherapy notes (45 C.F.R. § 164.508(b)(3)(ii); or for research purposes (45 C.F.R. § 164.508(b)(3)(i)). Use of this form does not exempt any entity from compliance with applicable federal or state laws or regulations regarding access, use or disclosure of health information or other sensitive personal information (e.g., 42 CFR Part 2, restricting use of information pertaining to drug/alcohol abuse and treatment), and does not entitle an entity or its employees, agents or assigns to any limitation of liability for acts or omissions in connection with the access, use, or disclosure of health information obtained through use of the form.

Charges - Some covered entities may charge a retrieval/processing fee and for copies of medical records.

(Tex. Health & Safety Code § 241.154).

Right to Receive Copy - The individual and/or the individual's legally authorized representative has a right to receive a copy of this authorization.