Authorization for Release of Individually Identifiable Health Information to Designated Party

Patient Last Name	First Name	MI	Date of Birth	Social Security Number

This authorization grants permission to the designated party (ies) named below to all of the following:

- Make or confirm appointments
- Verbal access to x-ray, laboratory, test findings, diagnosis, prognosis and treatment plans by telephone or other common means of communication
- Pick up sample medications
- Access to my financial health information

I hereby authorize the medical practices listed below to use and disclose my individually identifiable health information as described above. The following lists of people are the people I have designated to receive my individually identifiable health information. I understand that this authorization is voluntary. I understand that once this information is disclosed to the designated party (ies) named below, the release of information may no longer be protected by federal privacy regulations. I understand an authorization for release of information will need to be signed if a photocopy of my medical record is required.

PLEASE PRINT THE INFORMATION BELOW:

	Relationship	Address	Telephone

I understand that this authorization will be effective for the lifetime of the patient unless revoked in writing ***OR*** it will expire on _____.

I understand that I may revoke this authorization at any time by notifying the Medical Records Department in writing; however, the revocation will have no effect on disclosures made prior to the receipt of the revocation. I understand that my treatment cannot be conditioned on whether I sign this authorization.

I authorize messages to be left on my personal answering machine regarding my protected health information.

- ❑ Yes
- ❑ No

_____ _____
Signature of Patient Date

_____ _____
Printed Name of Patient's Legal Representative Relationship

_____ _____
Signature of Patient's Legal Representative Date

PLACE LABEL HERE

Organized Health Care Arrangement

Florence Family Practice ~ Frenchtown Family Practice ~ International Heart Institute ~ Lolo Family Practice ~ Missoula Surgical Associates
Montana Cancer Specialists ~ Providence Broadway Internal Medicine ~ Providence Nephrology of Montana ~ Seeley Swan Medical Center ~ Western Montana Clinic