



AUTHORIZATION FOR DISCLOSURE OF HEALTH INFORMATION

1. I hereby authorize _____ to disclose the following information from the health records of:

Patient Name _____ Date of Birth _____
 Address _____ Telephone _____

Patient Number _____

Covering the period(s) of health care

From (date) _____ to (date) _____
 From (date) _____ to (date) _____

2. Information to be disclosed:

- | | |
|---|--|
| <input type="checkbox"/> complete health record(s) | <input type="checkbox"/> discharge summary |
| <input type="checkbox"/> history & physical examination | <input type="checkbox"/> progress notes |
| <input type="checkbox"/> consultation reports | <input type="checkbox"/> laboratory tests |
| <input type="checkbox"/> X-ray reports | <input type="checkbox"/> photographs, videotapes |
| <input type="checkbox"/> other (please specify) | digital or other images |

I understand that this will include information relating to (check if applicable):

- acquired immunodeficiency syndrome (AIDS)
- human immunodeficiency virus (HIV) infection
- behavioral health service/psychiatric care
- treatment for alcohol and/or drug abuse

3. This information will be disclosed to _____
 For the purpose of _____

4. I understand this authorization may be revoked in writing at any time, except to the extent that action has been taken in reliance on this authorization. Unless otherwise revoked, this authorization will expire on the following date, event, or condition:

5. The facility, its employees, officers, and physicians are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein.

Signed: _____ (Patient) Date _____
 _____ (or legal representative) Date _____
 _____ (relationship to patient)

Signature of Witness: _____ Date _____

JACKSON 1513 Lakeland Dr, Suite 101 Jackson, MS 39216 P: 601.354.4836 F: 601.354.2619	RIDGELAND 680 Highway 51 N, Suite B Ridgeland, MS 39157 P: 601.898.1877 F: 601.898.1884	OXFORD 1190 South 18 th Street Ext Oxford, MD 38655 P: 662.236.7522 F: 662.236.7526	MERIDIAN 3704 Highway 39 N Meridian, MS 39301 P: 601.693.0216 F: 601.693.6313	D'IBERVILLE 3200 Mallett Road, Suite D D'Iberville, MS 39540 P: 228.392.6875 F: 228.392.6877	HATTIESBURG 3720 Hardy Street, Suite 20 Hattiesburg, MS 39402 P: 601.268.5051 F: 601.268.5054	STARKVILLE 100 Brandon Road Starkville, MS 39759 P: 601.354.4836 F: 662.268.9867
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