



AUTHORIZATION TO DISCLOSE PROTECTED HEALTH INFORMATION (PHI) TO A FAMILY MEMBER OR FRIEND

The protected health information Genesis Orthopedic is authorized to disclose includes:

PERSON/ORGANIZATION AUTHORIZED TO RECEIVE PHI

Dr. Bruce E. Perry and staff are authorized to disclose the above information to the following:

EXPIRATION OF AUTHORIZATION

This authorization is effective through _____ / _____ / _____ unless revoked or terminated by the patient or patients personal representative.

RIGHT TO TERMINATE OR REVOKE AUTHORIZATION

You may revoke or terminate this authorization by submitting a written revocation to Genesis Orthopedic. Contact our Privacy official to terminate this authorization.

POTENTIAL FOR RE-DISCLOSURE

The persons or organization to which PHI is sent may disclose information that is disclosed under this authorization again. The privacy of this information may not be protected under federal privacy regulations.

Name of Patient (please print)

Patient Signature

Date

Name of Representative (please print)

Relationship to patient

Signature of Representative

Date