AUTHORIZATION FOR RELEASE OF INFORMATION

Mind Body Spirit Center

Patient Information:

Name_____Date of Birth_____

Address_____

City/State/Zip_____Phone_____

I hereby authorize the use or disclosure of my health information as described below. I understand that this authorization is voluntary and I may refuse to sign it. I understand that the information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer protected by federal privacy regulations.

Facility RELEASING my health information:

Facility/Person_____ _____

Address_____

City/State/Zip_____Phone_____

Facility/Person RECEIVING my health information:

Mind Body Spirit Center / Sherry Tackett
1702 E Bethany Home Rd Phone 602-277-1477
Phoenix, AZ 85016 Fax 602-277-4199

Description of information being disclosed for the following service or date(s) of service:

_____

RIGHT TO REVOKE: I understand that I may revoke this authorization at any time by providing written notice to the Director of Medical Records at the address of the facility in which I received my medical care. I understand that my revocation won't have any effect on any action taken by the organization before they received the revocation and is not effective if the authorization was obtained as a condition of obtaining insurance coverage and the insurer has the legal right to contest a claim under my insurance policy.
I understand that the organization will not condition my treatment, payment, enrollment in a health plan, or eligibility for benefits on my signing this authorization.
I understand that I have the right to inspect or copy the health information to be used or disclosed pursuant to this authorization.
TO BE COMPLETED BY THE ORGANIZATION IF THIS AUTHORIZATION IS FOR MARKETING: The organization will receive financial or in-kind compensation in exchange for using or disclosing the health information described above: Yes No

Signature_____Date_____

If signed by the patient's legal representative:_____
Printed name of representative:_____
Relationship to the patient:_____

PROVIDE COPY TO THE PATIENT AND MAINTAIN A COPY IN THE PATIENT'S RECORD