Authorization for Use and Disclosure of Protected Health Information			
Print Patient Last Name	First _		Middle
AddressSocial Security Number	_ City	State	Zip
Social Security Number	_ Date of Birth _	Phone	<u> </u>
I authorize	to disclose pro	otected health information	to:
Name Phone Fax #			
Address			
Call this phone number when records are available for pick up at clinic			
PURPOSE FOR USE/DISCLOSURE		☐ Pathology report ☐ Lab reports ☐ Radiology reports/file	ms
Other		_ ☐ EKG report(s)	
☐ Sexually transmitted disease information	and initial) Initials Initials	☐ Psychiatric records ☐ HIV/AIDS information	Initials on Initials
*This information is disclosed from records whose con you from making any further disclosure of this informat pertains, or as otherwise permitted by such regulations	tion without the spe	ecific written consent of th	e person to whom it
 I understand that I may revoke this authorization, in writing, at any time except to the extent that has already relied on this authorization. I understand that I may revoke this authorization by sending or faxing a written notice to the Privacy Officer, at 117 Seaboard Lane, Bldg E, Franklin, TN 37067 or fax 615-467-1270, stating my intent to revoke this authorization. Unless otherwise revoked, I understand that the specific date or event upon which this authorization expires is one year after signing and dating this form, unless otherwise documented here:			
☐ If box is checked, the clinic will receive direct or indirect financial compensation in connection with the use or disclosure of your information for marketing purposes.			
FEES FOR COPIES: Federal and state laws permit a fee to be charged for the copying of patient records. This facility has contracted with HealthPort to make copies. You may be required to pre-pay for the copies; if not, then your copies will be mailed along with an invoice.			
Signature (Patient or Patient's Legal Representativ	e)	Date	
Printed Name of Legal Representative			ship to Patient

Physician Group OF ARIZONA, INC.