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AUTHORIZATION TO DISCLOSE PROTECTED HEALTH INFORMATION

Information regarding the patient whose records are to be released:

Patient: _____ DOB: _____ Email: _____
Address: _____ Phone: _____

Information regarding the health care entity receiving authorization to disclose records:

1. I authorize __STACIA POOLE MD, LLC__ to disclose my protected health information

Information regarding the person or entity who can receive and use this information:
Disclose to:
Name: _____ Email: _____
Address: _____
City: _____ State: _____ Zip: _____

2. Effective period – This authorization shall remain in effect for one year or until revoked in writing.

3. Extent of authorization.
   A. □ Release only: __Path reports __Diagrams __Photos __Most recent clinical note

   B. □ Chart summary (includes most recent electronic note, all diagrams and handwritten notes, pathology reports and photos if available- this is typically the most useful information and avoids many pages of repetitive information often contained in electronic notes).
   **This may include references to alcohol or drug use, mental health care or symptoms, treatment of communicable diseases including HIV/AIDS.

   C. □ ALL. I authorize release of my complete health record
   **This may include references to alcohol or drug use, mental health care or symptoms, treatment of communicable diseases including HIV/AIDS.

   D. □ I authorize the release of my health care record as specified above, but DO NOT include:
   ___ Mental health treatment records ___ Genetic testing information
   ___ HIV/AIDS information ___ Alcohol/drug abuse records

4. The purpose of this release is for: □continuing medical care □insurance □billing/claims □lawsuit or legal proceeding □disability evaluation □personal use □other _____

I understand that the information used or disclosed pursuant to this authorization may be further disclosed by the recipient and may no longer be protected by state or federal law .

_____ _____
Signature of patient or representative Print Name

_____ _____
Relation to patient Date

Revised 8/15/20