



Patient's Name: _____

Social Security #: _____ - _____ - _____ Date of Birth: _____ - _____ - _____

Address: _____

Daytime Phone #: _____ Alternate/Maiden name: _____

I authorize Brookwood Medical Center (BMC) to release and / or disclose my protected health information (PHI) as described below:

Person / Organization receiving information:

Name: _____

Address: _____

City, State, Zip: _____

Phone #: _____

Specific Information Requested:

Dates of treatment: from: _____ to: _____

- History & Physical
- Discharge Summary
- Operative Report
- Consult Note
- Entire Record
- Other, specify _____
- Labs
- Radiology Reports
- Pathology Report
- Progress notes
- Emergency Room Report

By initialing next to a category listed below, I specifically authorize BMC to use and/or disclose my highly confidential information. **Initial each category that BMC is authorized to release.**

- Mental Health / Psychiatric Records
- Alcohol and/or Drug Abuse Records
- Information about sexually transmitted diseases
- HIV/AIDS related testing (whether the results were positive or negative)
- Information about sexual assault
- Information about child abuse / neglect
- Psychotherapy notes

The purpose for the use/disclosure of the information is:

- Personal use
- Physician care
- Other, specify: _____
- Legal
- Insurance

Authorization to Use and Disclose Protected Health Information

* « Patient Number » *

Unless otherwise revoked, this Authorization will expire: _____.

(Date or Event)

If I fail to specify an expiration date or event, this authorization will expire six months from the date it was signed.

I understand that once BMC discloses my PHI to the recipient, BMC cannot guarantee that the recipient will not redisclose my PHI to a third party. The third party may not be required to abide by this Authorization or applicable federal and state law governing the use and disclosure of my PHI.

I understand that BMC may, directly or indirectly, receive remuneration from a third party in connection with the use or disclosure of my PHI.

I understand that I may refuse to sign or may revoke (at any time) this Authorization for any reason and that such refusal or revocation will not affect the commencement, continuation or quality of my treatment at BMC; except, however if my treatment at BMC is for the sole purpose of creating health information for disclosure to the recipient identified in this Authorization, in which case BMC may refuse to treat me if I do not sign this Authorization.

I understand that if I revoke this Authorization, I must send written notice of revocation to BMC's privacy office at the address listed below. The revocation will be effective immediately upon BMC's receipt of my written notice. I understand that the revocation will not apply to information that has already been released in response to this Authorization.

I may contact BMC's Privacy Office by mail at 2010 Medical Center Drive, Birmingham, AL 35209, by telephone at (205) 877-2300 or by email at BMCPrivacyOffice@tenethealth.com.

I have read and understand the terms of this Authorization and I have had an opportunity to ask questions about the use and disclosure of my PHI. By my signature, I hereby, knowingly and voluntarily authorize BMC to use or disclose my PHI in the manner described above.

Signature of Patient or Legal Representative

Date

If signed by Legal Representative, Relationship to Patient

- Please fill out the authorization completely. If sections are blank or incomplete, we may not be able to process your request.
- When submitting your request for medical records, please enclose a copy of your Photo ID.
- If the records are for a patient whom you have Power of Attorney, please enclose a copy of the POA.
- If the records are for a deceased patient, please provide a copy of the Executor of Estate and Death Certificate.

Completed Authorizations and any required paperwork can be mailed to:
Brookwood Medical Center
ATTN: Release of Information
2010 Medical Center Drive
Birmingham, AL 35209

Or faxed to (205) 877-2564 or (205) 877-2411
Phone number: (205) 877-5483 or (205) 877-5459

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