



AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION

NAME _____ **DOB** _____

By Signing this form, I authorize _____ to Release or disclose the protected health information described below to Southern Surgical Associates, PA.

Please send this information on or about: ____ / ____ / ____ .
MO Day Year

Purpose of disclosure (at request of patient, employment, life or disability insurance, etc.): Continuity of Care

____ Copies of Medical Records for the period ____ / ____ / ____ to ____ / ____ / ____

____ Copies of information described below for period ____ / ____ / ____ to ____ / ____ / ____

____ Complete Medical Record ____ Consultations ____ History & Physical

____ Office Visit Notes ____ Treatment Plan ____ HIV/AIDS

____ Procedure Reports ____ Reports from other Physicians

____ other (please specify) _____

I understand that this information may include any history of acquired immunodeficiency syndrome (AIDS; sexually transmitted diseases; Human immunodeficiency virus (HIV) infection; behavioral health service/ psychiatric care; treatment for alcohol and/or drug abuse; or similar conditions.

The following information should not be released, even if occurring during dates above: _____

I have been provided a copy of Southern Surgical Associates, PA *Notice of Privacy Practices* and any charges that may be associated with this authorization. I have discussed any concerns I may have about the use, release, and disclosure of my health information with Carla Jennette, Privacy Officer or other appropriate office personnel.

I understand that Southern Surgical Associates, PA assumes no responsibility for the use or misuse by others of my health information disclosed under this authorization. I release Southern Surgical Associates, PA from all legal liability that may arise from this authorization.

Patients Signature _____ Date _____

SS# _____ DOB _____

If the signature above is not that of the patient, I am acting for the patient because _____
My relationship to the patient is _____ Signed _____