

Nicole Bryan, MD
Authorization for Release of Health Information

Federal privacy laws (HIPAA) provide specific guidelines regarding the release of your medical information. We are required to provide the following statements and obtain information regarding the disclosure of any medical information prior to providing any services.

As outlined in the *Notice of Privacy Practices* there are instances in which disclosure is allowed without your express permission which includes disclosures required for treatment, payment and health care operations. This includes discussion with a referring physician, hospitals, labs, imaging centers, insurance and other entities as described in the *Notice of Privacy Practices*.

Signing below acknowledges that you have reviewed the *Notice of Privacy Practices* and consent to the use and disclosure of your medical information in the specific instances discussed in that document.

If you would like to request restrictions on any of these disclosures please specify below:

In order for us to discuss your medical information with **any other person** beyond those instances specified above, such as a spouse or other family member, we require specific information regarding your wishes for disclosure. Please fill out the information below to authorize Nicole Bryan, MD, PLLC to provide information as specified.

Name of person or persons to whom we can disclose your medical information:

Description of what information we are authorized to disclose:

- Entire Medical Record
- Only that information listed:

Purpose of Disclosure of medical information:

- Requested by patient
- Other purpose:

Date at which permission for this disclosure expires: _____

You have the right to revoke this authorization at any time by providing a request in writing to Nicole Bryan, MD, PLLC, attn.: HIPAA Privacy Officer.

Notice: Any information provided to a third party may be subject to re-disclosure by the recipient and no longer be protected by HIPAA

Signature

Date

Printed Name

Date of Birth

Authorized Representative

Relationship to Patient