



Authorization for Release of Protected Health Information

Patient Name : _____ Date of Birth: ____/____/____

Phone: _____

I request that my protected health information (PHI) be disclosed to/obtained from (circle one): Disclosure to patient

Recipient Name: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail Address: _____ Phone: _____

Fax: (healthcare provider only): _____

I authorize the following PHI to be released from my medical record(s):

____ All Records Pertinent to Continuing Primary Care covering the period of healthcare from: _____ to _____

____ ONLY White House Clinics records (Please use specific dates)

____ Records Regarding Treatment of Specific Illness, Condition, or Injury (please specify) _____

____ All Pharmacy Records

____ Other: (please specify) _____

State and federal law protect the following information. If this information applies to you, please indicate if you would like this information released/obtained (include dates where appropriate):

Alcohol, Drug, or Substance Abuse Records Yes No Dates: _____

HIV Testing and Results Yes No Dates: _____

Psychotherapy Records Yes No Dates: _____

Reviewed and Approved by: _____

Purpose for Requesting Information: Legal Insurance Personal Continuation of Care Other (please specify other on line below): _____

Disclosure Format (Paper is default if not marked.):

Paper (within 10 days) Fax Secure E-mail CD (within 3 business days) Patient Portal Other (please specify): _____

By signing this authorization form, I confirm I have been made aware of the rights and conditions listed on the back of this form:

Patient or Authorized Representative

Signature Date

Print Name

Relationship to Patient (if other than self)

Witness Signature (Verified by)

Witness Signature Date

- Richmond Location: 401 Highland Park Drive, Richmond, Kentucky 40475 Phone: (859) 626-7700 Fax: (859) 626-7703
- Berea Location: 104 Legacy Drive, Berea, Kentucky 40403 Phone: (859) 986-2323 Fax: (859) 986-7728
- Berea Primary Care Location: 305 Estill Street, Berea, Kentucky 40403 Phone: (859) 985-1415 Fax: (859) 986-6752
- McKee Location: 1010 Main Street South, McKee, Kentucky 40447 Phone: (606) 287-7014 Fax: (606) 287-3323
- Irvine Location: 30 Stacy Lane Road, Irvine, Kentucky 40336 Phone: (606) 723-0665 Fax: (606) 723-0680
- Mt. Vernon Location: 116 Progress Drive, Mt. Vernon, Kentucky 40456 Phone: (606) 256-2143 Fax: (606) 256-9762
- Paint Lick Location: 480 Main Street, Paint Lick, Kentucky 40461 Phone: (859) 925-2444 Fax: (859) 925-2334
- Lancaster Location: 89 Farra Drive, Lancaster, Kentucky 40444 Phone: (859) 792-2153 Fax: (859) 458-4038

Rights and Conditions

- I am authorizing White House Clinic to disclose/obtain certain protected health information (PHI) about me to the party or parties listed above.
- I have the right to change or cancel this authorization at any time by notifying the Privacy Officer, in writing, at Health Help, Inc., Attention: Privacy Officer, 401 Highland Park Drive, Richmond, Kentucky 40475. Revocation will not apply to information that has already been disclosed in response to this authorization.
- I understand that unless otherwise revoked, this authorization will expire 1 year from date signed.
- I understand that I do not have to sign this authorization and that White House Clinic cannot condition treatment or payment on whether I sign this authorization.
- I understand that information used or disclosed based on this authorization may be subject to additional disclosure by the recipient named above and may not be protected by federal laws and regulations regarding the privacy of my protected health information. I understand that I have the right to inspect and copy the information to be disclosed.
- I understand that disclosed protected health information that is received via secure email may not be protected after opening.
- I understand that White House Clinic may receive reimbursement from the above recipient for the expense of supplies and labor necessary to disclose my personal health information.