



**Rheumatic Disease Associates, Ltd.**

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**Authorization for Release of Protected Health Information**

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

I, \_\_\_\_\_, authorize \_\_\_\_\_  
(Print Name) (HealthCare Provider/Other)

to release my personal health information to \_\_\_\_\_  
(HealthCare Provider/Other)

Address: \_\_\_\_\_ or Fax to: \_\_\_\_\_

Dates of information to be disclosed: From \_\_\_\_\_ to \_\_\_\_\_. (If left blank, only information from the past two years will be disclosed.)

Description of information to be released, including dates, if applicable:  
\_\_\_\_\_

I do not want the following information disclosed (as defined by applicable state and federal laws):  
\_\_\_\_\_ Alcohol/Drug Abuse | \_\_\_\_\_ HIV Test Results | \_\_\_\_\_ Mental Health/Developmental Disabilities

Your rights with respect to this authorization: I am aware that I have the right to inspect and receive a copy of the health information I have authorized to be used and/or disclosed by this Authorization. I understand that I may be charged a fee for record copies. In addition, I understand that I do not need to sign this Authorization in order to receive treatment. I also am aware that I may revoke this Authorization by notifying the disclosing medical records/health information department in writing. However, I understand that my revocation will not be effective as to uses and/or disclosures already made in reliance upon this authorization or needed for an insurer to contest a claim/policy as authorized by law if signing the authorization was a condition to obtaining insurance coverage.

Signature of patient/legal representative: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**If signed by a person other than the patient, complete the following:**  
Individual is: \_\_\_ a minor; \_\_\_ legally incompetent or incapacitated; \_\_\_ deceased  
Legal authority: \_\_\_ parent; \_\_\_ guardian; \_\_\_ next of kin/executor of deceased; \_\_\_ **activated** POA for health care.

*Specializing in Rheumatoid Arthritis, Osteoarthritis, Osteoporosis, Lupus, Lyme Disease*

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