

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Authorization for Use and**

**Disclosure of Protected Health**

**Information (PHI)**

Our Notice of Privacy Practice Practices provides information about how we may use and disclose PHI about our clients. Please identify the person(s) to whom we may disclose health care information and by which means (please provide necessary phone number and email address):

**NAME OF PERSON(S):** **RELATIONSHIP:** **IN PERSON: BY PHONE #: EMAIL:**

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EXPIRATION DATE OF AUTHORIATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OR NO EXPIRATION (Circle)

I authorize the use and disclosure of my PHI, as specified in the Notice of Privacy Practices from SHLS. I understand the purpose of the authorized use and disclosure of my PHI is for use within SHLS and for authorized disclosure to/from another entity that is subject to the federal privacy rule for treatment, payment or healthcare purposes. I also understand that if an organization that receives my PHI is not a health plan or health care provider, that organization may disclose my PHI. In the event that this happens, I understand that my information may no longer be protected in the federal privacy rules and regulations. I understand that this authorization is voluntary and maybe revoked at any time. I understand that I may ask questions of SHLS if I do not understand any information contained in the Notice of Privacy Practices.

**Appointment Reminders:**

**How may we remind you of your appointment(s)? Please initial beside each choice:**

\_\_\_\_\_ Text Message(s) *Data charges may apply based on your plan*

\_\_\_\_\_ Home Phone Answering Machine/Voice Mail

\_\_\_\_\_ Cellular Phone Voice Mail

\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Client/Parent/Guardian Date

REV 08/16/19