



HIPAA AUTHORIZATION FOR USE OR DISCLOSURE OF HEALTH CARE INFORMATION

By signing this form, I, _____, authorize the use and disclosure of my health information as described below:

1. Description of information: **disclosure of my condition, prognosis and treatment plan.**
2. Name or class of person(s) authorized to make the use or disclosure: **Employees and Authorized Agents of Carter Eye Center.**
3. Name or identification of person(s) or class of person(s) authorized to receive the information: **(PLEASE LIST ALL FAMILY MEMBERS, SPOUSE NAME, FRIENDS OR REPRESENTATIVES WITH WHOM WE MAY DISCUSS YOUR MEDICAL CONDITION).**

4. Date or event when authorization expires. **This authorization does not expire unless listed below.**

5. Description of each purpose of the requested use or disclosure: (1) participation in the medical care of the patient, or (2)

I understand that I have the right to revoke this authorization, in writing, at any time, except (1) where uses or disclosures have already been made based upon my original permissions or (2) the authorization was obtained as a condition of securing insurance coverage and the insurer by law has the right to contest a claim or the insurance policy. I understand that uses and disclosures already made based upon my original permission cannot be taken back. To revoke this authorization, I must do so in writing and send it to Carter Eye Center at the address listed below.

I understand that it is possible that information used or disclosed with my permission may be re-disclosed by the recipient and is no longer protected by the Federal Privacy Standards.

(initials of patient or guardian) I understand that Carter Eye Center may not place conditions regarding any treatment on my signing of this authorization and that I have a right to refuse this authorization.

Signature of Patient or Guardian** _____ Date _____

Print Name of Patient _____ Print Name of Guardian _____

**If an authorization is signed by an individual's personal representative, the representative's authority is based on: _____

(e.g., state law, court order, etc.)