



AUTHORIZATION FOR RELEASE OF INFORMATION TO DESIGNATED PERSON(S)

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

This form is part of the Federal Health Insurance Portability and Accessibility Act of 1996 (HIPAA) requirements for patient privacy. Signing this form and naming a person(s) who can receive your health information allows the staff of Premier OB/GYN of West Houston to release information regarding your healthcare.

**Person(s) who can receive information for you:**

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

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

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

I hereby authorize Premier OB/GYN of West Houston’s staff to use and disclose my individually identifiable health information as described above. I understand that this authorization is voluntary and that I may revoke this authorization at any time by notifying Premier OB/GYN in writing. I understand that once this information is disclosed, the released information may no longer be protected by federal privacy regulations.

I understand that I have the right to refuse to sign this authorization and that my treatment will not be conditional on signing this authorization.

This authorization shall be in force and effective until revoked by the patient or representatives signing the authorization.

\_\_\_\_\_  
Signature of patient or patient’s guardian/representative

\_\_\_\_\_  
Date

THIS DOCUMENT OR DOCUMENTS ACCOMPANYING THIS TRANSMISSION MAY CONTAIN CONFIDENTIAL HEALTH INFORMATION THAT IS LEGALLY PRIVILEGED. THIS INFORMATION IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE. THE AUTHORIZED RECIPIENT OF THE INFORMATION IS PROHIBITED FROM DISCLOSING THIS INFORMATION TO ANY OTHER PARTY UNLESS REQUIRED TO DO SO BY LAW OR REGULATION AND IS REQUIRED TO DESTROY THE INFORMATION AFTER STATED NEED HAS BEEN FULFILLED.

IF YOU ARE NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISCLOSURE, COPYING, DISTRIBUTION, OR ACTION TAKEN IN RELIANCE ON THE CONTENTS OF THESE DOCUMENTS IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS INFORMATION IN ERROR, PLEASE NOTIFY THE SENDER IMMEDIATELY AND ARRANGE FOR THE RETURN OR DESTRUCTION OF THESE DOCUMENTS.