

WESTERN VALLEY FAMILY PRACTICE, P.C.
REDLANDS AFTER HOURS

281 N. Plum, Fruita, Colorado 81521 Phone 858-9894 Fax 858-1331
2237 Redlands Parkway, Grand Junction, Colorado 81503 Phone 243-1707 Fax 858-1331

Authorization to Disclose Health Information

Patient Name: _____ Date of Birth: _____

Previous name or AKA name: _____

I. **My Authorization:** *I authorize Western Valley Family Practice, P.C. and/or Redlands After Hours to disclose my health information the following individual(s) as described and directed below.*

Individual(s) authorized to have my specified health information disclosed to them:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Information Western Valley Family Practice, P.C. and/or Redlands After Hours may disclose:

- All Health Care Information
- All Health Care Information except as designated below (please check below to indicate excluded information)
 - Do not share information related to psychological or psychiatric conditions, including psychotherapy notes.
 - Do not share information related to drug abuse
 - Do not share information related to alcohol abuse
 - Do not share information related to HIV/AIDS
 - Do not share information related to _____

This authorization is valid:

- until date _____
- until further notice

II. **My Rights:**

I understand by completing this form, I am giving authorization to the above stated person(s) to receive health information from my medical chart. I understand I do not have to sign this authorization in order to get health care benefits (treatment, payment, or enrollment). However I do have to sign an authorization form:

- to receive health care when the purpose is to create health information for a third party.

I also understand that this authorization is at my request and I may revoke or change my request at any time in writing. If I do, it will not affect any actions already taken by the above named person(s), by Western Valley Family Practice, P.C., or Redlands After Hours based upon the authorization. I may not be able to revoke authorization if its purpose was to obtain insurance.

Two ways to revoke this authorization are:

- Fill out a revocation form. The form is available from our office
- Write a letter to the office.

Once this office discloses health information to the person or organization, privacy laws may no longer protect it.

I have read and understand the above information:

Patient or Legally Authorized Signature

Date

Printed Name if signed on behalf of the patient

Relationship (i.e. parent, legal guardian, personal representative, etc.)