

Christopher D. Arnold D.O.,
A Medical Corporation

HIPAA Form

AUTHORIZATION TO OBTAIN OR RELEASE MEDICAL RECORDS FROM MEDICAL PROVIDERS

I hereby authorize Dr. Christopher Arnold to obtain any and all medical records concerning my care from any physician, hospital or other health care professional that has provided care to me in the past.

I authorize Dr. Arnold to share information with a medical behavioral specialist if found needed to coordinate any future plan of treatment regarding my mental healthcare.

I also authorize Dr. Arnold to release any and all medical records concerning my care to any physician, hospital or other health care professional who is providing care to me at any time. Additionally, I authorize Dr. Arnold to release any and all medical records concerning my care to Medicare, any insurance company, third party administrator or managed care company.

Patient Signature

Date

Printed Name

Date of Birth

AUTHORIZATION TO RELEASE MEDICAL INFORMATION TO INDIVIDUALS/FAMILY MEMBERS

In accordance with Federal government privacy rules implemented through the Healthcare Portability Act of 1996 (HIPPA), in order for your physician or staff of Dr. Christopher Arnold to discuss your condition with members of your family or other individuals that you designate, we must obtain your authorization prior to doing so. In the event of a critical episode or if you are unable to give your authorization due to the severity of your medical condition, the law stipulates that these rules may be waived.

___ **I DO NOT authorize Dr. Arnold to release any information concerning my medical care to any individual except as set forth above.**

___ **I authorize Dr. Arnold to leave a detailed message in an event I cannot be reached at the provided phone number.**

___ **I also authorize Dr. Arnold to verbally release any and all information concerning my medical care to the following individual/phone numbers:**

Name

Relationship to patient

Phone number

Name

Relationship to patient

Phone number

Patient Signature

Date

Phone # for detail message