



## **Authorization For Use & Disclosure Of Protected Health Information**

*This authorization is required by the Health Insurance Portability and Accountability Act of 1996 to inform you of your rights to privacy with respect to your health care information. It authorizes the entity listed below to disclose your medical records to Columbus Kidney Care (CKC).*

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Information to be released (eg. History, Labs, Imaging, etc.): \_\_\_\_\_

\_\_\_\_\_

Release from the following entity(ies):

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

I understand that under the privacy rules, I have the right to revoke this authorization at any time in writing, except to the extent that action based on this authorization has been taken. This authorization will expire automatically 60 days from the date on which it is signed. If I choose to revoke this authorization sooner I must do so in writing to:

Columbus Kidney Care  
718 Worthington Woods Blvd  
Worthington, OH 43085

I understand that by disclosing these records to CKC the practice will not re-disclose or use the records in a way that violates the privacy rules.

Patient/Guardian Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

Relationship to patient (if guardian) \_\_\_\_\_

Date \_\_\_\_\_

Columbus Kidney Care  
718 Worthington Woods Blvd  
Worthington, OH 43085  
Ph: 614---839---0581  
Fax: 614---839---1531  
[www.columbuskidney.com](http://www.columbuskidney.com)  
[m](http://m)

Columbus Kidney Care, 718 Worthington Woods Blvd., Worthington, OH 43085 Ph: 614-839-0581 Fax: 614-839-1531. [www.columbuskidney.com](http://www.columbuskidney.com)