

Ambassador South Inc.
3135 South Ocean Drive
Hallandale Beach, Florida 33009

HIPAA Privacy Authorization Form
(Emotional Support Animal)

I. Authorization*

I authorize _____
(healthcare provider) to use and disclose the protected health information
described below to an Ambassador South Board Member.

II. Effective Period*

Authorization expires three (3) months from the date of signature below.

III. Extent of Authorization*

I authorize the release and confirmation of the medical necessity of an
emotional support animal, including the treatment plan and extent of the
involvement of the emotional support animal.

*(Required by the Health Insurance Portability and Accountability Act, 45 C.F.R.
Parts 160 and 164)

Signature of Patient or Legal Representative: _____

Name of Patient or Legal Representative: _____

Relationship to Patient (if not patient): _____

Date: _____