

AUTHORIZATION FOR USE AND DISCLOSURE
OF PROTECTED HEALTH INFORMATION

1. I, FRED FLINTSTONE, of Bedrock, Cobblestone County, authorize all health care providers, including physicians, nurses, and all other persons (including entities) who may have provided, or be providing, me with any type of health care, to disclose all of my protected health information at the request of any of the following individuals:

- (a) an agent designated in a durable power of attorney signed by me;
- (b) my wife, Wilma Flintstone;
- (c) my daughter, Pebbles Flintstone;
- (d) my friends, Barney and Betty Rubble;
- (e) any individual designated by me in writing to make health care decisions on my behalf;
- (f) the trustee, or designated successor trustee, of any trust of which I am a grantor, beneficiary or trustee when asked to do so for the purpose of determining my capacity as defined in the trust;
- (g) my lawyer, Harvey Birdman, for the purpose of determining my capacity for any purpose; and
- (h) an attorney or guardian ad litem, if one is appointed for me by a court, for the purpose of determining whether, and to what extent, a guardianship or other protective arrangement for me is necessary or desirable.

2. This authorization is intended to provide my health care providers with the authorization necessary to allow each of them to disclose protected health information regarding me to the persons described above.

3. I understand that information disclosed by a health care provider pursuant to this authorization may be subject to redisclosure and may no longer be protected by the privacy rules of the Health Insurance Portability and Accountability Act of 1996, 42 U.S.C. § 1320(d) and 45 C.F.R. §§ 160-164.

4. This authorization may be revoked by a writing signed by me or by my personal representative.

5. This authorization shall expire five years after my death unless validly revoked prior to that date.

Date: February 5, 2008

FRED FLINTSTONE L.S.

FRED FLINTSTONE signed the foregoing Authorization for Use and Disclosure of Protected Health Information in my presence.

_____ of _____

Signature of Witness

Address of Witness

_____ of _____

Signature of Witness

Address of Witness

PREHISTORIC STATE)
) ss: Bedrock
COUNTY OF COBBLESTONE)

On the 5th day of February, in the year 2008, before me, the undersigned, personally appeared FRED FLINTSTONE, personally known to me or proved to me on the basis of a driver's license or other satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged before me that he executed the same as his free act and deed in his capacity therein stated, that by his signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument for the purposes therein contained, and that such individual made such appearance before the undersigned in Bedrock, Cobblestone County, Prehistoric State.

Notary Public