

FOUNTAINS OF HEALTH, LLC
7 Taggart Drive, Suite E
Nashua, NH, 03060
603-943-8923 (Phone)
603-943-8906 (Fax)

HIPAA Privacy Authorization for Release of Information

Patient Name _____ Date: _____ Date of Birth _____

1. I hereby authorize the disclosure of the protected health information (PHI) described below to
FOUNTAINS OF HEALTH, LLC, A primary care practice

Authorization for release of: visit summaries, results of labs, X-Rays, CT scans and so forth

All past, present and future periods OR

CHECK one of the following:

My complete health records (including records relating to mental health care, communicable diseases, HIV/AIDS and/or treatment of alcohol/drug abuse)

My complete health records with the *exception of the following information* (check as appropriate)

Mental health Records

Communicable diseases (HIV and AIDS)

Alcohol/drug abuse treatment

Other (specify) _____

2. In Addition to the authorization for release of my PHI as described above, I authorize disclosure of information regarding my billing, condition, treatment and prognosis to:

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

3. This medical information may be used for medical treatment, consultation, payment, billing, or other purposes.
4. This Authorization shall be in force and effective until 1 year after my death or it will be revoked immediately if Provider is discharged.
5. I understand that I have the right to revoke this authorization, in writing, at any other time. I understand that a revocation is not effective to the extent that any person or entity has already acted in reliance on my authorization or if my authorization was obtained as a condition of obtaining insurance coverage.
6. I understand that my treatment, payment, or enrollment will not be conditioned on whether I sign this authorization.
7. I understand that information used or disclosed may be disclosed by the recipient and may no longer be protected by federal or state law.

Patient Signature _____ Date: _____



Fountains of Health