

AUTHORIZATION TO USE AND DISCLOSE PROTECTED HEALTH INFORMATION

Completion of this document authorizes the disclosure and/or use of protected health information, as set forth below, consistent with Colorado and Federal law concerning the privacy of such information. Failure to provide all information requested may invalidate this Authorization.

I hereby authorize the use or disclosure of my health information as follows:

Patient name: _____

Date of Birth: _____

Camp Spirit, EB Winter Adventure Camp is authorized to use or disclose the information.
Winter Park National Sports Center for the Disabled is authorized to receive the information.
This applies to all health information pertaining to any medical history, mental or physical condition and treatment received.

EXPIRATION - This Authorization expires January 1, 2020

RESTRICTIONS

Federal law prohibits the requestor from making further disclosure of my health information unless the Requestor obtains another authorization from me or unless such disclosure is specifically required or permitted by law.

YOUR RIGHTS

- I may refuse to sign this Authorization
- I may revoke this authorization at any time. My revocation must be in writing signed by me or on my behalf, and delivered to the following address
Camp Spirit
Kaycie Artus
2429 Bitterroot Lane
Golden, CO 80401
- My revocation will be effective upon receipt, but will not be effective to the extent that the Requestor or others have acted in reliance upon this Authorization.
- I have a right to receive a copy of this Authorization.
- If you believe your privacy rights have been violated, you may file a complaint with the US Secretary of the Department of Health and Human Services.

SIGNATURE:

Date: _____

Time: _____

Signature of Patient or Legal Representative: Relationship:

(If you have authorized the disclosure of your health information to someone who is not legally required to keep it confidential, it may be redisclosed and may no longer be protected.)

Orig:	Return signed form with Camp Spirit application
cc:	Participant / family copy

