

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL RECORDS

Applicant Acknowledgment/Authorization for Use/Disclose of Protected Health Information and TMR recommendation information.

1. Acknowledgment of Privacy: HIPAA

I acknowledge that I was provided access to the Notice of Privacy Health Practice (PHI). I understand I can obtain this practice's PHI notice upon request. I have been allowed the opportunity to ask questions, to submit a special written request, and to object to the release of my PHI to a specific person if I so choose.

I understand Dr. Cher Aymond will not disclose my medical information that was obtained and brought into the office and that Dr. Chery Aymond requires me to keep copies of all medical records brought to the office and copies of TMR recommendation letters for potential legal issues.

2. Authorization for Disclosure: Therapeutic Marijuana Recommendation (TMR) Information

I authorize the use and disclosure of my TMR information for the purpose of treatment and payment and healthcare operations. I authorized Dr. Cher Aymond and her staff to release to the following individuals and providers. I understand the information released to the following parties may be redisclosed to additional parties and no longer protected.

List the persons that you are allowing this office to communicate with or allowing access of records regarding TMR.

NAME	DOB	RELATIONSHIP	PHONE NUMBER

3. Authorization for Release of Confidential Records

I authorize Dr. Chery Aymond to disclose and verify me as a TMR applicant to any law enforcement agency, child protection service or any state approved dispensary, valid for the period of recommendation issues. I give permission for my medical records and files to be reviewed by another physician(s) that you are working with. I understand that this might happen if the original doctor that evaluated me requires a second opinion, is not available, off premise, has moved, or terminated the practice.

4. Manner of Contact:

I understand that this practice calls or texts to confirm appointments at the number I provided.

Signature: _____ Date: _____