NORTHEAST ORTHOPEDICS AND SPORTS MEDICINE PLLC
AUTHORIZATION FOR USE OR DISCLOSURE
OF HEALTH INFORMATION

Patient Name: ____

I hereby authorize the use and disclosure of my individually identifiable health information (protected health information), as described below:

Specific description of the Information to be used or disclosed including the dates of service(s):

____

____

Persons or class of persons authorized to make the use of disclosure:
NORTHEAST ORTHOPEDIS AND SPORTS MEDICINE, PLLC

Persons or class of persons to whom the use of disclosure may be made:

____

____

The protected health Information will be used and/or disclosed for the following purposes:
(Please list each purpose of the use(s) or disclosure(s) in the space provided.)
[ ] At the request of the individual (check box if applicable)
[ ] Other:

____

____

- I understand that if the person or entity that receives this information is not a health plan or health care provider covered by federal privacy regulation, the released information may be re-disclosed by the recipient and may no longer be protected by federal or state law.
- I understand that I may revoke this authorization at any time by notifying **Northeast Orthopedics and Sports Medicine, PLLC** in writing. However, if I choose to do so, I understand that my revocation will not affect any actions taken by **Northeast Orthopedics and Sports Medcine, PLLC** before received my revocation.

This authorization expires at the earlier of _________________ or the date the following event occurs: ______________________________ (Describe event or write "not applicable").

Patient Name: ________________________ ________________________ Date: ________________
(Print) (Signature)
Patient's date of birth: ____________________Patient's Social Security Number: _____________

For Personal Representative of the Patient (if applicable):

Personal Representative Name: ________________________ _________________ Date:_______
(Print) (Signature)
Describe personal representative relationship:____
(parent, guardian, etc)

(Note: Consider any applicable federal requirements or state law requirements.)

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