Authorization for Use and Disclosure of Protected Health Information

Contact Person: HIPAA Privacy Officer, HNI (as an Affiliated Covered Entity)

Contact Phone, Email and Fax: phone - (512) 730-3060 ext. 281, email - compliance@hnihc.com, fax - (737) 273-8520

I understand and agree that:

- This Authorization is voluntary.
- I may not be denied treatment, payment for health care services, or enrollment or eligibility for health care benefits if I do not sign this form.
- My health information may contain information created by other persons or entities including health care providers and may contain medical, pharmacy, dental, vision, mental health, HIV/AIDS, reproductive, communicable disease and health care program information.
- Neither Hospitalists Now Inc. d/b/a HNI Healthcare nor any of its affiliated professional entities operating as the HNI Affiliated Covered Entity (HNI ACE) will have control over my health information after it is disclosed and my health information may be subject to re-disclosure by the recipient, and if the recipient is not a health plan or health care provider, the information may no longer be protected by HIPAA or other applicable federal and/or state privacy regulations. After my information has been given to others, there is a risk that it could be further shared without my permission.
- I may revoke this Authorization at any time by notifying HNI ACE in writing at compliance@hnihc.com or HNI Healthcare, 7500 Rialto Blvd Bldg 1, STE 140, Austin, TX 78735 Attn: Compliance Department; however, the revocation will not have any effect on any disclosures of PHI by HNI ACE taken in reliance upon this Authorization prior to the date my revocation is received and processed.
- By signing this Authorization, I am authorizing the HNI ACE to release the PHI identified below to the entities listed below.

Authorization to Disclose my Protected Health Information:

I authorize HNI ACE to disclose my individually identifiable health information to the following person(s), class of persons, or organization(s):

_____

Full Name of Person(s) or Organization(s)

_____

Full Address of Person(s) or Organization(s)

Type of Protected Health Information to be Disclosed:

I authorize disclosure of:

☐ Entire Medical Record

☐ All Billing Records

☐ Other (please specify): _____

Time Period: From _____ To _____

Purpose of Disclosure:

☐ My health information is being disclosed at my request or at the request of my personal representative; or
☐ My health information is being disclosed for the following purpose:

_____

Explain Purpose (No purpose need be stated if the request is made by the patient and the patient does not wish to state the purpose.)

Expiration Date:

☐ This Authorization will expire on (insert a date or event on which the authorization will expire):

_____

(Insert a date or event on which the authorization will expire); or

☐ This Authorization will expire one (1) year from the date I sign the authorization.

If you have questions about this Authorization or how your PHI will be disclosed, please contact the HIPAA Privacy Officer at compliance@hnihc.com, or call **(512) 730-3060 ext. 281**, or contact in writing at **HNI Healthcare, 7500 Rialto Blvd Bldg 1, STE 140, Austin, TX 78735 Attn: Compliance Department**.

I have read this HIPAA Authorization describing how my PHI will be disclosed by the HNI ACE. I have had the chance to ask questions about the disclosure of my PHI and I have received answers to my questions. I authorize my PHI to be disclosed as described in this Authorization.

AUTHORIZATION

I understand and agree to the foregoing:

_____
Printed Name of Patient

_____ _____
Signature of Patient Date

If you are signing as the patient's representative:

_____ _____
Printed Name of Patient's Representative Date

Describe your authority: _____

**** YOU ARE ENTITLED TO A COPY OF THIS DOCUMENT ****

If you would like receive a copy of this signed form, please contact compliance@hnihc.com, or call **(512) 730-3060 ext. 281,** or contact in writing at **HNI ACE 7500 Rialto Blvd Bldg 1, STE 140, Austin, TX 78735 Attn: Compliance Department**.