



HIPAA PRIVACY AUTHORIZATION FORM

**Authorization for use or disclosure of Protected Health Information (Required by the Health Portability and Accountability Act, 45 C.F.R. Parts 160 and 164) **

1. Authorization

I hereby authorize A&R Pharmacy to use the protected health information (PHI) for treatment (including direct or indirect treatment by other healthcare providers involved in my treatment); obtaining payment from third party payers (e.g., my insurance company); and, the day-to-day healthcare operations of your practice.

I have also been informed of an given the right to review and secure a copy of your Notice of Privacy Practices (on the website), which contains a more complete description of the uses and disclosures of my PHI and my rights under HIPAA. I understand that you reserve the right to change the terms of this notice from time to time and that I may contact you at any time to obtain the most current copy of the notice

I understand that I have the right to request restrictions on how my PHI is used and disclosed to carry out treatment, payment and health care operations, but that you are not required to agree to these requested restrictions. However, if you do agree, you are then bound to comply with this restriction.

2. Authorization for release of PHI covering the period of health care:

- a. From (date)[Click here to enter a date.](#) to (date) OR
- b. All past, present and future periods

3. Extent of Authorization:

- a. My complete health record (including records relating to mental health care, communicable diseases, HIV or AIDS, and treatment of alcohol/drug abuse. Or
- b. My complete health record *with the exception of the following information*
 - i. Mental Health records
 - ii. Communicable diseases (including HIV and AIDS)
 - iii. Alcohol/drug abuse treatment
 - iv. Other (please specify)

I understand that I have the right to revoke authorization, in writing, at any time. I understand a revocation is not effective to the extent that any person has already acted in reliance of my authorization.

Name (PRINT): [Click here to enter text.](#)

Signature: [Click here to enter text.](#)

Date: [Click here to enter text.](#)