

AUTHORIZATION TO USE OR DISCLOSE PROTECTED HEALTH INFORMATION

I, _____, authorize
(Name of Patient)

TEXAS MIDWEST SURGERY CENTER

to use or disclose the following protected health information:

All Contents of my Medical Record

Or, Individually Check or List

- Report of Procedure
- History and Physical
- Any reports of pathology, laboratory, or radiology
- Other: Describe or List: _____

The protected health information is to be used or disclosed to: *(Insert name of person or entity who will receive the information)*

This protected health information is being used or disclosed for the following purposes: *(List specific purposes here. Or is the patient does not choose to provide an explanation of the purpose of the request, the patient may indicate that the information to be disclosed is "at the patient's request".)*

This authorization shall be in force and effect until: *(check one of the following)*

- Date _____
- The happening of the following event: _____
- End of research study
- No expiration *(can only be used if authorization is for creation of research database research repository.)*

I understand that, as set forth in the facility's Privacy Notice, I have the right to revoke this authorization at any time by sending **written** notification to the Privacy Officer at the Surgery Center. I understand that a revocation is not effective to the extent that the surgery center has already relied upon this authorization. I understand that information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by federal or state law. I understand that I have the right to inspect or copy my protected health information to be used or disclosed as permitted under law.

Signature of Patient or Personal Representative

Date

Name of Patient or Personal Representative

Description of Personal Representative's Authority

TO REVOKE THIS AUTHORIZATION OR TO LEARN MORE ABOUT THE SURGERY CENTER'S PRIVACY POLICIES, CONTACT:

**TEXAS MIDWEST SURGERY CENTER
ATTN: PRIVACY OFFICER
751 NORTH 18TH ST
ABILENE, TX 79601
325-677-6555**