



Maryland Institute College of Art

AUTHORIZATION TO USE AND DISCLOSE PROTECTED HEALTH INFORMATION

Name of Employee (Please Print): \_\_\_\_\_ Dependent Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ I, \_\_\_\_\_, hereby authorize the use or disclosure of my individually identifiable health information as described below.

1. Name(s) of organization(s), person(s), or class of persons authorized to use or disclose the information:

\_\_\_\_\_  
\_\_\_\_\_

2. Name(s) of organization(s), person(s) or class of persons who may receive and use the information:

\_\_\_\_\_

3. Description of the health information that may be used or disclosed (Please indicate the types of records that may be released - i.e., clinical summaries, laboratory reports, nurses notes, or all medical records):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If the Company is requesting this authorization for its own use and disclosure, other than for treatment, payment, and health care operations, please fill this out:

4. The information will be used or disclosed for the following purposes:

\_\_\_\_\_

5. I understand that this Authorization is optional and that I may refuse to sign this Authorization. My refusal to sign this Authorization will not affect my ability to obtain treatment, receive payment, or my eligibility for benefits unless allowed by law.

6. The person/organization authorized to use and/or disclose the information will receive compensation for doing so: Yes \_\_\_ No \_\_\_\_.

7. I understand that I may inspect or copy the information being used or disclosed.

8. I understand that I may revoke this Authorization at any time by notifying the person/organization providing the information in writing, except to the extent that action has been taken in reliance on this Authorization.

9. This Authorization expires on \_\_\_\_\_ [Insert applicable date/event].

\_\_\_\_\_  
Signature of employee or employee's representative

\_\_\_\_\_  
Printed name of employee or employee's representative

\_\_\_\_\_  
Relationship to employee or representative's Authority to act for the employee.

\_\_\_\_\_  
Date

8/2/2010