Family Doctor Clinic
OF THIBODAUX
804 S. Acadia Road | Thibodaux, LA 70301
P 985.446.2680 | F 985.447.2528

Authorization for Use or Disclosure of Protected Health Information

(You may refuse to sign this authorization.)

To:

_____
Medical Facility, Physician's Name, etc.

_____
Address

_____
City State Zip Code

_____ _____
Patient Name Date of Birth

_____
Address City State Zip Code

_____ _____
Phone Number Social Security Number

I hereby authorize the release of copies of my health information to be sent to Family Doctor Clinic of Thibodaux, 804 South Acadia Road, Thibodaux, LA 70301, specifically the following:

____ any & all records
____ other specific information: _____

Purpose of Disclosure: _____

The patient, or the patient's representative, must read and initial the following statements:

I understand that my health care and payment for my health care will not be affected if I do not sign this form. I understand that I may revoke this authorization at any time by notifying Family Doctor Clinic of Thibodaux in writing and that the revocation will not have any effect on any actions Family Doctor Clinic of Thibodaux took before it received the revocation. I understand that if the organization authorized to receive the information is not a health plan or health care provider, the released information may no longer be protected by federal privacy regulations. Initials _____

By signing this authorization, I understand that medical records may contain information related to HIV status, AIDS, sexually transmitted diseases, mental health, sickle cell, and drug and alcohol abuse. I understand that release of psychotherapy notes requires an additional authorization. Initials _____

I understand that this authorization will expire on ____/____/____ or one year from date signed if no date specified.

_____ _____
Signature of patient or patient's representative Date

_____ _____
Printed name of patient or patient's representative Relationship of representative to patient

Staff Use Only: _____ _____
Date Employee Initials