

PATIENT INFORMATION PRIVACY

AUTHORIZATION FOR DISCLOSURE OF PATIENT HEALTH INFORMATION

Network Chiropractic Wellness Center (NCWC) will not use or disclose protected health information without a valid authorization form, except as permitted or required by the HIPAA rule. When NCWC obtains or receives a valid authorization form for use or disclosure of protected health information, such use or disclosure will be restricted to that which is the minimum necessary to accomplish the purpose described in the authorization form.

Each authorization form has to be specific to the release under consideration. The specific requirements for authorizations are outlined below.

1. Return all authorizations known to be defective to the party requesting the information with an explanation of why the requested information is not being disclosed, or
2. Have the patient review the defective authorization and have the patient read and sign a new authorization form before releasing the health information.
3. A description of each purpose of the requested use or disclosure. The statement, "at the request of the individual," is a sufficient description of the purpose when an individual does not desire to make an explanation.
4. An expiration date or an expiration event that relates to the individual or the purpose of the use or disclosure.
5. Signature of the individual and date. If a personal representative of the individual signs the authorization, a description of such representative's authority to act for the individual must also be provided.

The authorization form must contain statements adequate to place the individual on notice of all of the following:

- The individual's right to revoke the authorization in writing; and
- The potential for information disclosed pursuant to this authorization to be subject to re-disclosure by the recipient and no longer be protected by this regulation.

The covered entity must provide the individual with a copy of the signed authorization.

A valid authorization may also contain elements or information in addition to these required elements, provided that such additional information is not inconsistent with the required elements stated above.

If the individual refuses to sign the authorization form, the covered entity cannot condition treatment on failure to obtain such authorization

A covered entity may not use or disclose protected health information to a requesting party if the authorization is defective. A defective authorization is one that has expired, is incomplete, has been revoked, or is known to be false.

Print Patient Name

Date

Patient Signature