

ADVISORY DISCLOSURE AND RELEASE (HIPPA)

Advisory and Disclosure to member or participant

As a part of using this Release the agency may need to create, receive, or keep medical information about the participant. In addition, the agency may facilitate to provide treatment, to handle billing and payment activities, as well as, agency may need to use and disclose (share) your protected health care information.

Examples of how your information might be used are:

- **Treatment.** The agency might discuss your medical condition with hospital staff to arrange or provide medical treatment. We might use your information to contract with Health Care Providers and Plans for medical treatment for you. Your information may also be shared with the others in connection with treatment.
- **Payment.** The agency may use or disclose information to discuss your condition, any treatments given to you, or to review the cost for services in order to arrange for payment. We may contact others to pay for or bill for services.
- **Health Care Operations.** The agency might discuss or review your condition to assure you receive quality care, to verify you are actually receiving the services that are being billed, or to develop better ways to provide care. It may be used to evaluate our providers.
- **Other Uses and Disclosures.** The agency may provide information to government officials who:

Are responsible for public health (disease reporting), respond to judicial requests (subpoenas, trials, court hearings), provide law enforcement services, report and investigate deaths (the medical examiner), respond to threats to public safety from unsafe products, unsafe drinking water, or disease, protect against abuse, neglect, domestic violence and other crimes, others involved in your care, responders in emergency situations, funeral directors, others as required by law.

SIMPLE FORM

Medical Information Release Form

Name: _____ Date of Birth: ____/____/____

Release of Information

I authorize the release of information including the diagnosis, records; examination rendered to me and claims information. This information may be released to:

Spouse _____

Child(ren) _____

Other _____

Information is not to be released to anyone.

This Release of Information will remain in effect until terminated by me in writing.

Messages

Please call my home my work my cell number: _____

