



HIPAA RELEASE OF INFORMATION

PATIENT NAME					
PATIENT DATE OF BIRTH					
PATIENT HOME ADDRESS					
CITY		STATE		ZIP	

PURPOSE OF RELEASE

THIS AUTHORIZATION PERMITS ANTHONY'S VILLA INC. TO USE AND DISCLOSE THE ABOVE-NAMED INDIVIDUAL'S HEALTH INFORMATION FOR THE FOLLOWING PURPOSE(S):

	TREATMENT
	PAYMENT
	HEALTHCARE OPERATIONS
	OTHER (SPECIFY):

DESCRIPTION OF INFORMATION TO BE DISCLOSED
THE FOLLOWING CATEGORIES OF HEALTH INFORMATION MAY BE DISCLOSED UNDER THIS AUTHORIZATION:

	MEDICAL HISTORY
	MENTAL HEALTH HISTORY
	TREATMENT RECORDS
	BILLING RECORDS
	OTHER(SPECIFY):

INDIVIDUALS OR ORGANIZATIONS AUTHORIZED TO USE OR DISCLOSE INFORMATION

NAME	ANTHONY'S VILLA INC.
ADDRESS	PO BOX 337 SANDUSKY, OH 44871-0337
PHONE	(567)290-2658

INDIVIDUALS OR ORGANIZATIONS AUTHORIZED TO RECEIVE AND USE INFORMATION

NAME	
ADDRESS	
PHONE	

EXPIRATION

THIS AUTHORIZATION EXPIRES ON (MUST BE WITHIN 1 YEAR):

YOUR RIGHTS

YOU DO NOT HAVE TO SIGN THIS AUTHORIZATION. REFUSAL TO SIGN THIS WILL NOT AFFECT YOUR ABILITY TO OBTAIN TREATMENT, PAYMENT, OR ELIGIBILITY FOR BENEFITS. YOU MAY REVOKE THIS AUTHORIZATION AT ANY TIME, EXCEPT TO THE EXTENT THE PROVIDER OR PERSON WHO IS TO MAKE THE DISCLOSURE HAS ALREADY ACTED IN RELIANCE ON IT. TO REVOKE THIS AUTHORIZATION, YOU MUST DO SO IN WRITING AND SUBMIT IT TO THE ABOVE ADDRESS. 42 CFR PART 2 PROHIBITS UNAUTHORIZED DISCLOSURE OF THESE RECORDS.

THIS INFORMATION HAS BEEN DISCLOSED TO YOU FROM RECORDS PROTECTED BY FEDERAL CONFIDENTIALITY RULES (42 CFR PART 2). THE FEDERAL RULES PROHIBIT YOU FROM MAKING ANY FURTHER DISCLOSURE OF INFORMATION IN THIS RECORD THAT IDENTIFIES A PATIENT AS HAVING OR HAVING HAD A SUBSTANCE USE DISORDER EITHER DIRECTLY, BY REFERENCE TO PUBLICLY AVAILABLE INFORMATION, OR THROUGH VERIFICATION OF SUCH IDENTIFICATION BY ANOTHER PERSON UNLESS FURTHER DISCLOSURE IS EXPRESSLY PERMITTED BY THE WRITTEN CONSENT OF THE INDIVIDUAL WHOSE INFORMATION IS BEING DISCLOSED OR AS OTHERWISE PERMITTED BY 42 CFR PART 2. A GENERAL AUTHORIZATION FOR THE RELEASE OF MEDICAL OR OTHER INFORMATION IS NOT SUFFICIENT FOR THIS PURPOSE (SEE 42 CFR 2.31). THE FEDERAL RULES RESTRICT ANY USE OF THE INFORMATION TO INVESTIGATE OR PROSECUTE WITH REGARD TO A CRIME ANY PATIENT WITH A SUBSTANCE USE DISORDER, EXCEPT AS PROVIDED AT 42 CFR 2.12(C)(5) AND 42 CFR 2.65.

SIGNATURE

I HAVE READ AND UNDERSTOOD THIS FORM, AND I AM SIGNING IT VOLUNTARILY. I AUTHORIZE THE DISCLOSURE OF MY HEALTH INFORMATION AS DESCRIBED IN THIS FORM.

CLIENT OR REPRESENTATIVE	
DATE	