AUTHORIZATION TO DISCLOSE PROTECTED HEALTH INFORMATION



Developed for Texas Health & Safety Code § 181.154(d) effective January 1, 2013

Please read this entire form before signing and complete all the sections that apply to your decisions relating to the disclosure of

NAME OF PATIENT OR INDIVIDUAL

•	Covered entities as that term is defined				
by HIPAA and Texas Health & Safety Code § 181.001 must obtain a signed authorization from the individual or the individual's legally autho-		Last	First	Middle	
_	cally disclose that individual's protected	OTHER NAME(S) USED			
health information. Authorization is not required for disclosures related		DATE OF BIRTH Month	Day	Year	
	are operations, performing an insurance ation function, or as may be otherwise	ADDRESS			
authorized by law. Covered ent	tities may use this form or any other				
form that complies with HIPAA, the Texas Medical Privacy Act, and other applicable laws. Individuals cannot be denied treatment based				TEZIP	
	zation form, and a refusal to sign this	PHONE ()	ALT. PHO	NE ()	
form will not affect the paymen	t, enrollment, or eligibility for benefits.	EMAIL ADDRESS (Optional): _			
I AUTHORIZE THE FOLLOW INFORMATION:	ING TO DISCLOSE THE INDIVIDUA	L'S PROTECTED HEALTH		FOR DISCLOSURE nly one option below)	
Person/Organization Name _			□ Treatn	nent/Continuing Medical Care	
Address	State	7in Codo		nal Use	
Phone ()	State Fax ()	Zip Code	☐ Billing ☐ Insura	or Claims	
	SE THE HEALTH INFORMATION?			Purposes	
Person/Organization Name			_	lity Determination	
Address			□ School		
City Phone ()	State Fax ()	Zip Code		yment 	
,	E DISCLOSED? Complete the following I				
	e of some of these items. If all health info				
☐ All health information☐ Physician's Orders	☐ History/Physical Exam	☐ Past/Present Medications		☐ Lab Results	
□ Physician's Orders□ Progress Notes	☐ Patient Allergies☐ Discharge Summary	☐ Operation Reports☐ Diagnostic Test Reports		☐ Consultation Reports☐ EKG/Cardiology Reports	
☐ Pathology Reports	☐ Billing Information	☐ Radiology Reports & Imag	es	☐ Other	
Your initials are required to r	elease the following information:				
Mental Health Records (Genetic Information (includ		est Results)	
Drug, Alcohol, or Substa	nce Abuse Records	HIV/AIDS Test Results/Tre	eatment		
	This authorization is valid until the eamission is withdrawn; or the following s				
	stand that I can withdraw my permissi				
thorization to the person or	organization named under "WHO CA	N RECEIVE AND USE THE H	IEALTH INFO	DRMATION." I understand that	
	e on this authorization by entities th				
	N: I have read this form and agree his form does not stop disclosure of				
erwise permitted by law wi	thout my specific authorization or	permission, including disclosur	es to other	covered entities as provid-	
	ty Code § 181.154(c) and/or 45 C subject to re-disclosure by the recip				
,,,,,		and may no honger to p	,	, , , , , , , , , , , , , , , , , , ,	
SIGNATURE X					
	of Individual or Individual's Legally Au	ithorized Representative		DATE	
0,	zed Representative (if applicable): $_$ nship to the individual: \Box Parent of mind	or 🗆 Guardian 🗆 C	Other		
	required for the release of certain types sexually transmitted diseases, and drug,				
SIGNATURE X					
	of Minor Individual			DATE	

IMPORTANT INFORMATION ABOUT THE AUTHORIZATION TO DISCLOSE PROTECTED HEALTH INFORMATION

Developed for Texas Health & Safety Code § 181.154(d) effective January 1, 2013

The Attorney General of Texas has adopted a standard Authorization to Disclose Protected Health Information in accordance with Texas Health & Safety Code § 181.154(d). This form is intended for use in complying with the requirements of the Health Insurance Portability and Accountability Act and Privacy Standards (HIPAA) and the Texas Medical Privacy Act (Texas Health & Safety Code, Chapter 181). Covered Entities may use this form or any other form that complies with HIPAA, the Texas Medical Privacy Act, and other applicable laws.

Covered entities, as that term is defined by HIPAA and Texas Health & Safety Code § 181.001, must obtain a signed authorization from the individual or the individual's legally authorized representative to electronically disclose that individual's protected health information. Authorization is not required for disclosures related to treatment, payment, health care operations, performing an insurance or health maintenance organization function, or as may be otherwise authorized by law. (Tex. Health & Safety Code §§ 181.154(b),(c), § 241.153; 45 C.F.R. §§ 164.502(a)(1); 164.506, and 164.508).

The authorization provided by use of the form means that the organization, entity or person authorized can disclose, communicate, or send the named individual's protected health information to the organization, entity or person identified on the form, including through the use of any electronic means.

Definitions - In the form, the terms "treatment," "healthcare operations," "psychotherapy notes," and "protected health information" are as defined in HIPAA (45 CFR 164.501). "Legally authorized representative" as used in the form includes any person authorized to act on behalf of another individual. (Tex. Occ. Code § 151.002(6); Tex. Health & Safety Code §§ 166.164, 241.151; and Tex. Probate Code § 3(aa)).

Health Information to be Released - If "All Health Information" is selected for release, health information includes, but is not limited to, all records and other information regarding health history, treatment, hospitalization, tests, and outpatient care, and also educational records that may contain health information. As indicated on the form, specific authorization is required for the release of information about certain sensitive conditions, including:

- Mental health records (excluding "psychotherapy notes" as defined in HIPAA at 45 CFR 164.501).
- · Drug, alcohol, or substance abuse records.
- · Records or tests relating to HIV/AIDS.
- · Genetic (inherited) diseases or tests.

Note on Release of Health Records - This form is not required for the permissible disclosure of an individual's protected health information to the individual or the individual's legally authorized representative. (45 C.F.R. §§ 164.502(a)(1)(i), 164.524; Tex. Health & Safety Code § 181.102). If requesting a copy of the individual's health records with this form, state and federal law allows such access, unless such access is determined by the physician or mental health provider to be harmful to the individual's physical, mental or emotional health. (Tex. Health & Safety Code §§ 181.102, 611.0045(b); Tex. Occ. Code § 159.006(a); 45 C.F.R. § 164.502(a)(1)). If a healthcare provider is specified in the "Who Can Receive and Use The Health Information" section of this form, then permission to receive protected health information also includes physicians, other health care providers (such as nurses and medical staff) who are involved in the individual's medical care at that entity's facility or that person's office, and health care providers who are covering or on call for the specified person or organization, and staff members or agents (such as business associates or qualified services organizations) who carry out activities and purposes permitted by law for that specified covered entity or person. If a covered entity other than a healthcare provider is specified, then permission to receive protected health information also includes that organization's staff or agents and subcontractors who carry out activities and purposes permitted by this form for that organization.

Authorizations for Marketing Purposes - If this authorization is being provided or obtained for marketing purposes and the covered entity will receive direct or indirect remuneration from a third party in connection with the use or disclosure of the individual's information for marketing, the authorization must also clearly indicate to the individual that such remuneration is involved. (Tex. Health & Safety Code § 181.152; 45 C.F.R § 164.508(a)(3)).

Limitations of this form - This authorization form should not be used for: (1) the disclosure of any health information as it relates to health benefits plan enrollment and/or related enrollment determinations (45 CFR §§164.508(b)(4)(ii), .508(c)(2)(ii)); or (2) the use or disclosure of psychotherapy notes (45 C.F.R. § 164.508(b)(3)). Use of this form does not exempt any entity from compliance with applicable federal or state laws or regulations regarding access, use or disclosure of health information or other sensitive personal information (e.g., 42 CFR Part 2, restricting use of information pertaining to drug/alcohol abuse and treatment), and does not entitle an entity or its employees, agents or assigns to any limitation of liability for acts or omissions in connection with the access, use, or disclosure of health information obtained through use of the form.

Charges - Some covered entities may charge a retrieval/processing fee and for copies of medical records.

(Tex. Health & Safety Code § 241.154).

Right to Receive Copy - The individual and/or the individual's legally authorized representative has a right to receive a copy of this authorization.