



Authorization for Use and Disclosure of Protected Health Information



SECTION A: Individual authorizing use and/disclosure

Name _____

Address _____

City _____ State _____ Zip Code _____

Home Telephone Number _____ Mobile/Cell Number _____

Date of Birth _____ Social Security Number _____

Section B: The use and or disclosure being authorized

I authorize Trinity Medical Management L.L.C.; Rowan Companies, Inc.; and/or their employees and designated representatives, to receive and disclose my personal health information. This includes examining all of my medical records as may relate to any incident (past/present); medical history; any and all statements given by me; to obtain copies of such records as may be requested; to discuss my medical history, examination, and treatment with physicians, nurses, medics or other healthcare providers who have treated or examined me and with my employer. I understand this PHI may include alcohol, drug use, psychiatric, HIV, AIDS testing and results, sexually transmitted diseases, Hepatitis B & C testing, Sickle Cell Anemia and other sensitive information. I agree to release any of the above. Initial _____. If not applicable, check here. ☐

Purpose of this authorization:

- ☒ Workers Compensation (excluded from HIPAA)
- ☒ Treatment Payment Operations
- ☒ Employment Operations

Effect of Granting this Authorization: The PHI used or disclosed may be subject to re-disclosure by the recipient, in which case it may no longer be protected under the HIPAA privacy rule.

Section C: Expiration and revocation

Expiration: This authorization will expire three years from the date signed.

Right to revoke: I understand that I may revoke this authorization at any time by giving written notice of my revocation to the person (s) designated below. I understand that revocation of the authorization will not affect any action taken in reliance on this authorization before my written notice of revocation was received.

Contact: Bruce L. Wilkerson, MD
Trinity Medical Management, LLC
4621 Jamestown Ave.
Baton Rouge, LA 70808
Phone: 225 769-4983
Fax: 225 769 4984

Linda Moeller or Darla Mensik
Rowan Companies, Inc.
2800 Post Oak Blvd., Suite 5450
Houston, TX 77056
Phone: 713 960-7542
Fax: 713 966-6824

I _____, have had full opportunity to read and consider the contents of this authorization, and I understand that, signing this form, I am confirming my authorization of the use and/or disclosure of my protected health information as described in this form and as described in the Notice of Privacy Practices. A copy of the Notice Of Privacy Practices has been made available to me.

Signature: _____

Date: _____