



promoting true health and healing

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**STANDARD AUTHORIZATION OF USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION TO TRUE HEALTH MEDICINE, PC.**

**Information to be Used or Disclosed**

The information covered by this authorization includes: (Please initial all applicable categories to be disclosed)

- Clinician office chart notes
- Pathology reports
- Laboratory reports
- Diagnostic imaging reports
- Physical therapy records
- Emergency and urgency care records
- All hospital records
- Transcribed hospital reports
- Other: \_\_\_\_\_

**Persons Authorized to Use or Disclose information**

Information listed above will be used or disclosed by:

\_\_\_\_\_  
Name of person or organization

\_\_\_\_\_  
Address of organization

**Persons to Whom Information May Be Disclosed**

Information described above may be disclosed to: True Health Medicine, PC

**Expiration Date of Authorization**

This authorization is effective through \_\_\_\_ / \_\_\_\_ / \_\_\_\_ unless revoked or terminated by the patient or the patient's personal representative.

**Right to Terminate or Revoke Authorization**

You may revoke or terminate this authorization by submitting a written revocation to True Health Medicine, PC.

**Potential for Re-disclosure**

Information that is disclosed under this authorization may be disclosed again by the person or organization to which it is sent. The privacy of this information may not be protected under the federal privacy regulations.

**Signature**

\_\_\_\_\_  
Name of Patient (Print or Type)

\_\_\_\_\_  
Signature of Patient Date

\_\_\_\_\_  
Signature of Patient Representative Date

\_\_\_\_\_  
Relationship of Patient Representative to Patient