MERIDIAN PLASTIC SURGEONS AUTHORIZATION TO USE OR DISCLOSE INFORMATION

I hereby authorize the use or disclosure of my individual identifiable health information as described below. I understand this authorization is voluntary. I understand that if the organization or persons authorized to receive the information is not a health plan or health care provider; the released information may no longer be protected by federal privacy regulations.

PATIENT NAME:					
	LAST		FIRST	MI	DATE OF BIRTH
PATIENT ADDRESS:					
	Street A	ddress			
	City		State	Zip	
• I HEREBY AUTHO	RIZE THE USE (OR DISCLOSU	JRE OF MY HE	ALTH INFORMA	ΓΙΟΝ FROM:
(Name of Person or Organizat	ion releasing informatio	n)			
Street Address			City	State	Zip
• TO RELEASE MY I	HEALTH INFOR	MATION TO:			
(Name of Person or Organizat		on) 			
Street Address			City	State	Zip
• THIS AUTHORIZA					
ALL RECORDS Itemized Billing	Labs Other:			Immunizations	Narrative Report
• A SPECIFIC AUTH FOLLOWING:	ORIZATION IS F	REQUIRED TO	O RELEASE INI	FORMATION REC	GARDING THE
	YES	NO		INITIALS	
HIV Information Drug/Alcohol Info Mental Health Info					
(Photo fees are additional archived records, if local as the case may be, if I do	al \$7.00 per page. A ted, adds an addition to not sign this form	After a significa mal \$18 charge n. I understand	ant amount of time). I understand the that I may revoke	e, the records are hou at I will not be denie this authorization a	per copy thereafter (plus postage). used out of office. Retrieval of d health care or health plan covera t any time by notifying the person before the revocation is received.
I understand that this au information can be relea					icate a date after which no
I HAVE A RIGHT TO A Copy requested: Yes					
Signature of Patient or	Patient's represen	ntative		Date	· · · · · · · · · · · · · · · · · · ·
Printed name of Patien Relationship of represe	t's representative entative to Patient	if applicable:			
YOU MAY REFUSE	ΓΟ SIGN THIS AU	THORIZATIO	N		
FOR OFFICE USE Revocation Date: Signature:		Proc	essed by:		