



AUTHORIZATION FOR RELEASE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

Your privacy is important to MedNOW Urgent Care. As a result, we ask you to complete the following authorization related to your personal health and health-related benefits. I hereby authorize use and disclosure of protected health information (PHI), as described below.

Please PRINT all information legibly.
This Authorization relates only to the PHI of:

NAME: _____
Last four digits of Social Security Number: _____

I hereby authorize MedNOW Urgent Care to release information about my account at MedNOW Urgent Care to the following people:

_____	_____
Name	Relationship to Patient
_____	_____
Name	Relationship to Patient
_____	_____
Name	Relationship to Patient

I hereby authorize MedNOW Urgent Care to release information about my medical treatment (PHI) to the following people:

_____	_____
Name	Relationship to Patient
_____	_____
Name	Relationship to Patient
_____	_____
Name	Relationship to Patient

I have read and understand the following statements about my rights:

- A.) I may revoke this authorization at any time by giving written notice to MedNOW Urgent Care. I understand that my revocation will not affect any use or disclosure of my PHI that was made in reliance on the authorization before I revoked it.
 - B) My health provider cannot require me to sign this authorization in order to be eligible for services or treatment.
 - C) It is possible that the persons who receive information based on this authorization may disclose it to others and as a result the information may no longer be protected by federal privacy rules.
 - D) This Authorization for my personal health information does not apply to the release of the same information for any spouse or child that I may cover on my medical benefits or account at MedNOW Urgent Care. I understand that my spouse or child over 18 must provide independent Authorization for release of their personal PHI.
- I acknowledge that I have received and signed a copy of this authorization.

SIGNATURE: _____ **DATE:** _____