ARTHRITIS CONSULTANTS, PC

DR. VIJI MAHADEVAN, MD, FACR DR. RAJBIR GULATI, MD

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RELEASE AND AUTHORIZATION FOR USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION

Patient Name: _____ Date of Birth:_____

Address: _____

Telephone: _____

I **Authorize Arthritis Consultants, PC** to disclose/release the following information:

_____ All medical records related to (specify condition, treatment, etc:) _____

_____ All billing records related to (specify condition, treatment, etc:) _____

_____ Specific records/information as follows: _____

From: _____

Phone: _____ Fax: _____

I do not want the following information disclosed (as defined by apllicable state and federal laws)

_____ Alcohol ____ HIV Test Results ___ Mental Health/Developmental Disabilities

This authorization is good until the following date: _____

Note: If this item is left blank the authorization will expire in 1year fromt he date signed.

YOUR RIGHTS WITH RESPECT TO THIS AUTHORIZATION: I am aware that I have the right to inspect and recieve a copy of the health information I have authorized to be used and/or disclose by this Authorization. I understand that I may be charged a fee for record copies. In addition, I understand that I do not need to sign this Authorization in order to recieve treatment. I also am aware that I revoke this Authorization by notifying the disclosing medical records / health information department in writing. However, I understand that my revocation will not be effective as to uses and / or disclosures: (1) already made in reliance upon this Authorization; (2)needed for an insurer to contest a claim/policy as authorized by law is signing the authorization was a condition to obtaining insurance coverage. I realize that the information used and/or disclosed pursuant to this Authrization may be subject to re-disclosed pursuant to this Authorization may be subject to re-disclosure and no longer protected by federal law.

_____ _____

Signature of patient or personal representative Date:

_____ _____

Name of Patient or personal representative Address: