

ARTHRITIS CONSULTANTS PC

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PATIENT NAME: _____

DOB: _____

AUTHORIZATION TO USE/DISCLOSE PROTECTED HEALTH INFORMATION

I authorize the use and/or disclosure of my health information as described below. I understand that this authorization is voluntary. I also understand that if the person or organization authorized to receive the information is not a health plan or health care provider, the released information may be re-disclosed and may no longer be protected by the federal privacy regulations.

1. Person or organization authorized to receive the health information:

2. Restrictions:

3. I understand that the person or organization that I am authorizing to use/disclose the information may receive compensation in exchange for the health information described above.

4. I understand that my revocation will not affect any actions already taken in reliance on this authorization.

5. I understand I may inspect or copy any information to be used or disclosed under this authorization.

6. Unless otherwise revoked in writing, this authorization will expire _____ days from the date signed below. If this date is left blank, the authorization will automatically expire one year from the date I sign below.

Signature of Patient or personal representative

Date

Name of patient or personal representative

Phone

** A health plan may condition enrollment or eligibility for benefits on an individual providing an authorization prior to enrollment if the authorization sought is for the plan's eligibility or enrollment determinations relating to the individual or for its underwriting risk or risk rating determinations and the authorization is not for use or disclosure of psychotherapy notes (45 C.F.R 164.508 (b) (4) (ii) (A&B)).

May we: (Circle Yes or No) Leave an appointment reminder on your message machine?	Yes	No
Leave a reminder with a family member who answers the phone?	Yes	No
Leave billing or account information on your message machine?	Yes	No
Leave billing or account information with a family membe?	Yes	No
Leave lab or test results or a request for follow-up on your message machine?	Yes	No
Leave lab or test results or a request for follow-up with a family member who answers the phone?	Yes	No