



3744 Timberline Rd, Ste. 103
Fort Collins, CO 80525
(970)204-HAND (4263)
Fax (970) 204-4552

Authorization of use and disclosure of protected health information

Information to be Used or Disclosed

The information covered by this authorization includes: (i.e. medical records)

Persons Authorized to Disclose Information

Information listed above will be disclosed by:
Harmony Hand and Physical Therapy Center, Inc.

Persons to Whom Information May Be Disclosed

Information described above may be disclosed to: (i.e. physician, lawyer)

Name of person or organization

Name of person or organization

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 Harmony Hand and Physical Therapy Center, Inc. You should contact our *Compliance Officer* to terminate this authorization.

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 regulation.

Signature

Name of patient (Print or type)

Signature of Patient

Date

Signature of Patient Representative (if applicable)

Relationship of Patient Representative to Patient