

**STANDARD AUTHORIZATION OF USE OF DISCLOSURE
OF PROTECTED HEALTH INFORMATION**

Information to be used or disclosed

*****The information covered by this authorization includes:**

- All medical Information
- Confirm Appointments
- Pick up medications
- Prescriptions

Persons to Whom Information May be disclosed

Information described above may be disclosed to:

It there is not anyone to list please note: *No One At This Time*

Name of person or persons

Expiration Date of Authorization:

This authorization is effective for 1 year unless revoked or terminated by the patient or the patients personal representative.

Right to Terminate or Revoke Authorization:

You may revoke to terminate this authorization by submitting a written request to Evelina V. Alcalen, MD PA.

Potential for Re-Disclosure:

The person or organization to which it is sent may disclose information that is disclosed under this authorization again. The privacy of this information may not be protected under the federal privacy regulations.

Signature: _____

Name of Patient (printed name): _____

Date: _____