

Commonwealth of Pennsylvania, Department of Health
Authorization for Use or Disclosure of Protected Health Information

1. I authorize the Department of Health to use/disclose individual information as described below from the records of:

Name: _____
Date of Birth: _____ Telephone: _____
Address: _____
ID number(s) (identify each type of number) _____

2. Reason for disclosure: _____
(Describe each specific purpose – if disclosure is at individual’s request and information to be disclosed does not include drug and alcohol treatment information, may state, “At the request of the individual”)

3. I understand that:

- a. this authorization may be revoked at any time by writing to the individual/organization identified in section 1 except to the extent that information has already been disclosed. If information has already been disclosed in reliance on this authorization, revoking it will only prevent future disclosure.
- b. the Department and its health and human services programs will not condition treatment, payment, enrollment or eligibility on the provision of this authorization.
- c. Information disclosed pursuant to this authorization may be subject to redisclosure by the individual/organization identified in section A.2 below and is no longer protected by federal privacy regulations.
- d. the Department, its programs, services, employees, officers, and contractors are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized.
- e. I may refuse to sign this authorization

PART A-General Health Information

A.1 Information to be disclosed (Identify specifically the PHI to be Used/Disclosed. If information to be used or disclosed includes mental health, drug and alcohol, or HIV-related information, please complete section on back of this form that relates to that information):

A.2 This information is to be disclosed to:

(Insert name or title of the individual/organization to whom disclosure is to be made)

A. 3 This authorization expires as indicated:

_____ Once acted upon
_____ Other (specify date or event) _____
