

Authorization For Use and Disclosure of Protected Health Information

Information to Be Used or Disclosed

The information covered by this authorization includes:

- | | | |
|---|---|---|
| <input type="checkbox"/> All medical records | <input type="checkbox"/> Office notes | <input type="checkbox"/> Inpatient records |
| <input type="checkbox"/> Discharge Summary | <input type="checkbox"/> Reports of tests and xrays | <input type="checkbox"/> Outpatient records |
| <input type="checkbox"/> Face Sheets with Final Diagnosis | <input type="checkbox"/> Emergency room records | <input type="checkbox"/> Abstracts |
| <input type="checkbox"/> Procedures and Complications | <input type="checkbox"/> Consultation reports | <input type="checkbox"/> Physical therapy |
| <input type="checkbox"/> History & Physical Records | <input type="checkbox"/> Outpatient clinic notes | |
| <input type="checkbox"/> Other _____ | | |

Purposes of Disclosure

Information listed above will be disclosed for the following purposes:

- For my doctor's information For designated persons information
 Other _____

Persons Authorized to Use or Disclose Information

Information listed above will be used or disclosed by:

MICHAEL W. GOODMAN, M.D.

Persons to Whom Information May Be Disclosed

Information described above may be disclosed to:

Spouse: _____

Son/Daughter: _____

Friend: _____

Doctor: _____

Other/relationship: _____

Date of Authorization

The effective dates of this authorization: _____ - _____.

Right to Terminate or Revoke Authorization

This authorization may be revoked at any time by submitting a written revocation to MICHAEL W. GOODMAN, MD, P.C., 979 E. Third Street, Suite C-0630, Chattanooga, TN 37403. You should contact the Privacy Officer to terminate this authorization.

date

signature of patient or personal representative

patient's date of birth

patient's social security number

printed name of individual's personal representative (if applicable)

rationale for serving as personal representative (i.e. parent, guardian)