Authorization- Compound

This authorization form permits:

_____ to use or disclose protected health information listed in the Description section below to the Entity or Person listed in the Receiving Entity section for the following patient:

Name _____ Birth Date _____

Entity or person to receive information: VOICE Mail number: _____	Description of Information to be provided: ☐ Appointment information ☐ Financial information ☐ Family billing information ☐ Clinical information Please list _____

Entity or person to receive information: Unsecured email address: _____	Description of Information to be provided: ☐ Appointment information ☐ Financial information ☐ Family billing information ☐ Clinical information Please list _____

Entity or person to receive: information: Text message number: _____	Description of Information to be provided: ☐ Appointment information ☐ Financial information ☐ Family billing information ☐ Clinical information Please list _____

Entity or person to receive information: Parent, give name: _____	Description of Information to be provided: ☐ Appointment information ☐ Financial information ☐ Family billing information ☐ Clinical information Please list _____

Entity or person to receive information:	Description of Information to be provided:

Spouse, give name: _____	☐ Appointment information ☐ Financial information ☐ Family billing information ☐ Clinical information Please list _____

Entity or person to receive information: Other- give name and relationship: _____ _____	Description of Information to be provided: ☐ Appointment information ☐ Financial information ☐ Family billing information ☐ Clinical information Please list _____

Entity or person to receive information: School: _____ Or Employer _____	Description of Information to be provided: ☐ Appointment information ☐ Return to work or school document

General viewing and Facebook viewing	Description of Information to be provided: ☐ Photos- Office placement ☐ Photos- patient placement ☐ Contest information

Purpose

The purpose of this authorization is to meet the patient's request for information disclosures and uses.

Expiration date or event: This authorization shall be enforce until revoked by the patient or _____

Verification method or code: This practice will verify the identity of any entity requesting protected health information. Verification information may include:

_____