



Family Doctor Clinic OF THIBODAUX

804 S. Acadia Road | Thibodaux, LA 70301
P 985.446.2680 | F 985.447.2528

Authorization for Use or Disclosure of Protected Health Information (You may refuse to sign this authorization.)

Patient Name Date of Birth

Address City State Zip Code

Phone Number Social Security Number

I hereby authorize Family Doctor Clinic of Thibodaux, 804 South Acadia Road, Thibodaux, LA 70301, to release health information, specifically the following:

____ any & all records
____ other specific information: _____

Release to:

Address

City State Zip Code

(All records will be released to the address listed above.)

Purpose of Disclosure: _____

The patient, or the patient's representative, must read and initial the following statements:

I understand that my health care and payment for my health care will not be affected if I do not sign this form. I understand that I may revoke this authorization at any time by notifying Family Doctor Clinic of Thibodaux in writing and that the revocation will not have any effect on any actions Family Doctor Clinic of Thibodaux took before it received the revocation. I understand that if the organization authorized to receive the information is not a health plan or health care provider, the released information may no longer be protected by federal privacy regulations. Initials _____

By signing this authorization, I understand that medical records may contain information related to HIV status, AIDS, sexually transmitted diseases, mental health, sickle cell, and drug and alcohol abuse. I understand that release of psychotherapy notes requires an additional authorization. Initials _____

I understand that this authorization will expire on ___/___/___ or one year from date signed if no date specified.

I have been advised of copying charges. Initials _____

Signature of patient or patient's representative Date

Printed name of patient or patient's representative Relationship of representative to patient

Staff Use Only: _____
Date Employee Initials