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## Authorization for Disclosure of Health Information

1. I authorize **Your Next Step, PC** to disclose the following information from the health records of:  
 Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone #: \_\_\_\_\_ Patient #: \_\_\_\_\_  
 Covering the period(s) of health care:  
 From (date) \_\_\_\_\_ to (date) \_\_\_\_\_  
 From (date) \_\_\_\_\_ to (date) \_\_\_\_\_
2. Information to be disclosed:  
 Complete health record  
 Discharge Summary     History and Physical Examination     Progress Notes     Laboratory Tests  
 Consultation Reports     X-ray Report     Photographs, videotapes, digital, or other images  
 Other \_\_\_\_\_
3. I understand that the information may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and drug abuse.
4. This information is to be disclosed to:  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_
5. The purpose of this disclosure is for:  
 My personal records     Sharing with other healthcare providers  
 Other: \_\_\_\_\_
6. I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization, I must do so in writing and present my written revocation to **Your Next Step, PC**. I understand that the revocation will not apply to information that has already been released in response to this authorization. Unless otherwise revoked, this authorization will expire on the following date, event, or condition:  
 \_\_\_\_\_
7. **Your Next Step, PC**, its employees, officers, and doctors are hereby released from any legal responsibility or liability for disclosure of the above information to the extent I have indicated and authorized.

\_\_\_\_\_  
 Signature of Patient or Legal Representative Date

If signed by legal representative, relationship to patient: \_\_\_\_\_

\_\_\_\_\_  
 Signature of Witness Date