

Authorization for Use or Disclosure of Protected Health Information

I authorize Renville County Public Health Services to (check all that apply):

use the following protected health information, and/or

disclose the following protected health information to [Name of entity or class of persons to receive information]:

Specifically and meaningfully describe the protected health information to be used or disclosed such as date of service, type of service, level of detail to be released, origin of information, etc.

This protected health information is being used or disclosed for the following purposes:

- | | | |
|---|---|--------------------------|
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Research | <input type="checkbox"/> |
| <input type="checkbox"/> Psychotherapy Notes | <input type="checkbox"/> At request of the individual | |
| <input type="checkbox"/> Other uses not otherwise permitted by law: | | |

This authorization shall be in force and effect until _____ [specify (1) date or (2) event that relates to the patient or the purpose of the use or disclosure] at which time this authorization to use or disclose this protected health information expires. ("End of the research study" and "none" is acceptable for authorization for research purposes.)

I understand that I have the right to revoke this authorization, in writing, at any time by sending such written notification to the Renville County Public Health's Privacy Contact at 410 East DePue Ave, Rm. 245, Olivia, MN 56277 or public_health@co.renville.mn.us. I understand that a revocation is not effective to the extent that Renville County Public Health has relied on the use or disclosure of the protected health information or if my authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim.

I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law.

Renville County Public Health Services will not condition my treatment, payment, enrollment in a health plan or eligibility for benefits (if applicable) on whether I provide authorization for the requested use or disclosure except (1) if my treatment is related to research, or (2) health care services are provided to me solely for the purpose of creating protected health information for disclosure to a third party.

Signature of Patient or Personal Representative

Date

Print Name of Patient or Personal Representative

Description of Personal Representative's Authority