CUMBERLAND FAMILY MEDICINE, LLC

Authorization for Use and Disclosure of Protected Health Information

Note: It is office policy of *Cumberland Family Medicine, LLC* not to release confidential medical information regarding your treatment to family members or friends except for;

1. Parent/legal guardian of minor
2. Other person authorized by patient (listed below)
3. Emergency situations
4. Other as permitted by Health Insurance Portability and Accountability Act of 1996 (HIPAA)

I, ____, DOB __________________
authorize Cumberland Family Medicine, LLC to disclose my medical information to:

_____________________________________ relationship: ______________________

_____________________________________ relationship: ______________________

_____________________________________ relationship: ______________________

☐ I DO NOT want my medical information shared with anyone.

The following information (please specify if limited information to be given):

☐ ALL ☐ OTHER (SPECIFY) ____

This form provides authorization to Cumberland Family Medicine, LLC to use or disclose certain contents of your personal health information to those listed above.

The disclosure of any part of the medical record deemed to be “psychotherapy notes” will require a separate authorization. I understand that if my records contain information about HIV/AIDS status this could be released to only those listed above or for any of the reasons listed above.

I have received and read a copy of the Notice of Privacy Practices for Cumberland Family Medicine LLC. I hereby authorize the use or disclosure of my health information as described. (If you need another copy please request one at the front desk.)

____ ____________________
Signature of patient or personal representative Date

____ ____________________
Name of patient or personal representative and relationship Date

EVERY 6 MONTHS YOU WILL BE ASKED TO INITIAL AND DATE BELOW CONFIRMING THE ABOVE INFORMATION IS STILL ACCURATE.

INITIAL & DATE: _______________ INITIAL & DATE: _______________
INITIAL & DATE: _______________ INITIAL & DATE: _______________