

PF-3000 Standard Authorization of Use and Disclosure of Protected Health Information

Information to Be Used or Disclosed

The information covered by this authorization includes:

Greene Rehab- Medical Records

Billing Information

Specifics-evaluations, notes, discharge, etc.

Persons Authorized to Use or Disclose Information

Information listed above will be used or disclosed by:

Greene Rehab Services- Personnel

(Name of person/organization)

Persons to Whom Information May Be Disclosed

Information described above may be disclosed to:

Spouse or Family member: _____

Referring Dr: _____

Primary Dr: _____

Expiration Date of Authorization

This authorization is effective through ___/___/___ unless revoked or terminated by the patient or patient's personal representative.

Right to Terminate or Revoke Authorization

You may revoke or terminate this authorization by submitting a written revocation to

Greene Rehab Services You should contact:

Chris Greene, Administrator to terminate this authorization.

Potential for Re-disclosure

Information that is disclosed under this authorization may be disclosed again by the person or organization to which it is sent. The privacy of this information may not be protected under the federal privacy regulations.

Signature

Name of Patient (Print or Type)

Signature of Patient **Date**

Signature of Patient Representative

Relationship of Patient Representative to Patient