

HIPAA Form

Authorization for use/disclosure of Protected Health Information

TO:

(Physician)

(Physician's Address)

(Physician's Telephone number)

RE:

(Patient - Print name Legibly)

(Patient's Date of Birth)

I authorize the use and disclosure to the Quincy Medical Group Foundation of protected health information about Patient as described below:

Information that may be used/disclosed: All protected health information relating to Physician's assessment of:

- (a) Whether patient has a diagnosis of Autism Spectrum Disorder;
- (b) Description of diagnostic assessment tools used.

Persons authorized to use/disclose the information: The Physician identified above, as well as his/her authorized representatives.

Persons authorized to receive the information: Employees or other authorized representatives of the Quincy Medical Group Foundation – 235 N 12th, Quincy, IL 62301; 217-222-6550, ext. 6436.

Purpose for which information will be used/disclosed: To enable the Quincy Medical Group Foundation to obtain:

- (a) Physician's assessment regarding whether patient is medically eligible to receive funds from GRAC Boost
- (b) Pertinent information relating thereto.

Expiration date/event; This authorization expires once the Patient's grant has been completed by the Quincy Medical Group Foundation or a final determination has been made that the Patient is not eligible to receive a grant.

Statements required by HIPPA; In accordance with the Health Insurance Portability and Accountability Act, I acknowledge the following:

- (a) I understand that I may revoke this authorization at any time by so notifying Physician in writing, except to the extent that action has already taken in reliance on the authorization:
- (b) I understand that if the person/entity that receives the information described above is not a healthcare provider or regulations and could potentially be re-disclosed by the recipient.

Patient Name (print)

Patient Signature

Date

Patient Representative (print) Representative Signature

Date