AUTHORIZATION FOR ACCESS TO PROTECTED HEALTH INFORMATION

"FOR CURRENT INPATIENTS ONLY"

This Authorization must be signed and dated by the patient, or a person authorized by law to act for the patient. This information will be disclosed to and/or received by persons who are not subject to federal health information privacy laws. These persons may further disclose the protected health information, and it may no longer be protected by federal health information privacy laws. You are not obligated to authorize the disclosure.

I authorize Central Peninsula Hospital to grant _____ ,
(Name of person who will have access)

who is my _____ **, access to the protected health information**
(Describe relationship)

in my current hospitalization record for purposes of assisting me during my hospital stay.

By initialing the spaces below, I specifically authorize access to the following protected health information, if such information exists:

_____ The records of my current hospitalization

These must be individually initialed to grant access to these specific types of information:

_____ HIV/AIDS-related records

_____ Genetic testing information

_____ Drug/alcohol diagnosis, treatment or referral information

_____ Mental health information

You have the right to inspect or receive a copy of the information in your medical records. You have a right to a copy of this authorization. You may revoke this authorization at any time by giving written notice to a member of the Nursing Staff, who will notify the Nursing Supervisor. Revocation will not affect any action that has already been taken in reliance on this authorization.

Unless revoked earlier, this authorization will expire upon my discharge from the hospital.

_____ _____
Signature of Patient Date / Time

_____ / _____ _____
Signature of Person Legally Authorized to Sign for Patient Relationship Date / Time

_____ _____
Signature of Notification of Revocation Date / Time

****Verify ID of person who has been given access****
File this authorization in the patient's medical record

central peninsula hospital
250 Hospital Place, Soldotna, AK 99669
(907) 714-4404 * www.cpgh.org

Patient Label