

HIPAA Privacy Authorization Form

Authorization for Use or Disclosure of Protected Health Information (Required by the Health Insurance Portability and Accountability Act ---- 45 CFR Parts 160 and 164)

1. I hereby authorize all medical service sources and health care providers to use and/or disclose the protected health information (“PHI”) described below regarding my child or ward (Name) _____ to the Michigan Elks Association (MEA) Major Project Commission.

2. Authorization for release of PHI covering the period of health care (Initial **one**)

a. from (Date) _____ - to (Date) _____ (Initials) _____ **OR**

b. all past, present and future periods. (Initials) _____

3. I hereby authorize the release of PHI as follows (Initial **one**):

a. my child’s/ward’s complete health record (including records relating to mental health care, communicable diseases, HIV or AIDS, and treatment of alcohol/drug abuse). _____ **OR**

b. my child’s/ward’s complete health record *with the exception of the following information* (cross out as appropriate):
Mental health records; Communicable diseases (including HIV and AIDS); Alcohol/drug abuse treatment; **Other**
(please specify): _____ .

4. This medical information may be used by MEA Major Project Commission to receive this information to determine the suitability of my request for assistance to my child/ward.

5. This authorization shall be in force and effect until (Date) _____, at which time this authorization expires.

6. I understand that I have the right to revoke this authorization, in writing, at any time. I understand that a revocation is not effective to the extent that any person or entity has already acted in reliance on my authorization.

7. I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient to third parties for purposes consistent with the request to assist my child/ward and may no longer be protected by federal or state law.

Signature of Parent or Guardian

_____ Date: _____

Michigan Elks Association Major Project Commission

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