

Information to Help You Complete the “Authorization to Disclose Personal Health Information” Form

By law, Precision Lab Services must have your written permission (an “authorization”) to use or give out your personal medical information for any purpose that isn’t set out in the privacy notice contained in the Patient Privacy Notice available in our office and on our website at <https://precisionlabservices.com>. You may take back (“revoke”) your written permission at any time, except if Precision Lab Services has already acted based on your permission.

If you want Precision Lab Services to give your personal health information to someone other than you, you need to let Precision Lab Services know in writing.

If you are requesting personal health information for someone that is deceased or otherwise incapable of releasing this information, please include a copy of the legal documentation that indicates your authority to make a request for information (for example, legal power of attorney, Executor/Executrix papers, next of kin attested by court documents with a court stamp and judge’s signature, etc.) Also, please explain your relationship to the party for whom you are requesting records

Please use this step by step instruction sheet when completing your authorization form. Be sure to complete all sections of the form to ensure proper processing.

1. Print your (or the patient’s) name.
Print the driver’s license number or other identification number and source exactly as shown on the identification card.
Print the birthday in month, day, year form (MM/DD/YYYY)
2. This section tells us what personal health information to give out. Please check a box in 2A to indicate how much information Precision Lab Services can disclose. If you only want us to give out limited information, also check the box(es) in 2B that apply to the type of information you want Precision Lab Services to give out.
3. This section tells Precision Lab Services with to start and/or when to stop giving out your personal health information. Check the box that applies and fill in dates if necessary.
4. Precision Lab Services will give your personal health information to the person(s) or organization(s) you fill in here. You may fill in more than one person or organization.
If you designate an organization, you must also identify one or more individuals in that organization to whom Precision Lab Services may disclose your personal health information.
5. The person authorizing the release of information must sign their name, fill in the date, and provide the phone number and address for the person whose information is to be released.
If you are a legal representative of the person, check the box, provide your address and phone number, and attach a copy of the paperwork that gives you the authority to act for that person (for example, Power of Attorney).
6. Send your completed, signed authorization to Precision Lab Services at the address shown here on your authorization form.
7. If you change your mind and don’t want Precision Lab Services to give out your personal health information, write to the address shown under number six on the authorization form and tell Precision Lab Services. Your letter will revoke your authorization and Precision Lab Services will no longer give out your personal health information (except for the personal health information that Precision Lab Services has already given out based on your permission).

Authorization to Disclose Personal Health Information

Use this form if you want Precision Lab Services to give your personal health information to someone other than you.

1

Print Name

(first and last name of patient)

Identification Type & Number

(ex: TX DL 99999999)

Birthdate

(MM/DD/YYYY)

2 Precision Lab Services will only disclose the personal health information that you want disclosed.

2A: Check only one box below to tell Precision Lab Services the specific personal health information you want disclosed:

Limited Information (go to question 2b)

Any Information (go to question 3)

2B: Complete only if you selected "limited information." Check all that apply:

Information about my Mental Health

Information about communicable diseases including HIV or AIDS

Information about alcohol or drug abuse

Information about my physical health

Other Specific Information (please write below)

3. Check only one box below indicating how long Precision Lab Services can use this authorization to disclose your personal health information (subject to applicable law):

Disclose my personal health information indefinitely

Disclose my personal health information for a specified period only

beginning: _____ and ending: _____
(mm/dd/yyyy) (mm/dd/yyyy)

4. Fill in the name and address of the person or organization to whom you want Precision Lab Services to disclose your personal health information. Please provide the specific name of the person for any organization you list below. If you would like to authorize any additional individuals or organizations, please add them to a blank paper and attach it to this form.

