

# Stephens County Hospital

163 Hospital Drive - Toccoa, GA 30577 - 706 282-4200 - Fax 706 886-8045  
www.stephenscountyhospital.com

## AUTHORIZATION TO DISCLOSE MEDICAL INFORMATION

I, \_\_\_\_\_, do hereby consent to and authorize  
\_\_\_\_\_ to release to:

NAME OF PERSON AND / OR AGENCY / FACILITY

MAILING ADDRESS

Protected health information from medical records relating to my identity, diagnosis, prognosis, or treatment including psychological disorders and substance abuse, results of HIV testing, sickle cell anemia, diagnoses related to Acquired Immune Deficiency Syndrome, and any other sensitive information as defined by law. This protected health information may be communicated through written and oral means. I understand that the specific type of information / report to be disclosed includes

and that the purpose for this disclosure is \_\_\_\_\_

I understand that when my protected health information is disclosed pursuant to this Authorization, it may be subject to redisclosure by the recipient and may no longer be protected by federal HIPAA Privacy Rule. I have the right to revoke this Authorization in writing; except (i) to the extent that the Facility has acted in reliance upon this Authorization; or (i) to the extent that the Authorization was obtained as a condition of obtaining insurance coverage, there is other law that grants the insurer the right to contest a claim under the policy. I understand that my revocation must be submitted in writing to the Stephens County Hospital Medical Records Department at 163 Hospital Drive, Toccoa, GA 30577. This consent will expire without such express revocation upon the following date, event, or condition:  
\_\_\_\_\_ or ninety (90) days from the date below.

I understand that Stephens County Hospital may not condition treatment, payment, enrollment, or eligibility for benefits on whether I sign this Authorization.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PATIENT

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
PARENT / LEGAL GUARDIAN / AUTHORIZED REP.