

REQUEST FOR HEALTH INFORMATION FOR PURPOSE OF TREATMENT

Name of Patient:					
Address:		City:		State:	
Zip:	_ Home Phone:		_ Work Phone:		
Date of Birth:	Age:	Sex: Social Sec	curity Number:		
Account Number:		_Date of Last Visit:			
Physician Seen:					
entities to use or disclosinformation for treatme	se protected health infor nt purposes without the	hospitals, laboratory tec mation, such as X-rays, patient's authorization. ered entities, to treat a d	laboratory and par This includes shar	thology reports, diagnormation to	oses, and other medical consult with other
The following individua	al(s) or organizations ar	re requested to make the	disclosure:		
Name:					
Address:					
Phone:		Fax:			
The type and amount of	information to be used	or disclosed is as follow	vs: (Please Check)	1	
• •		tive ProceduresPa			
History &	Physical X-ray/	Imaging Reports X	K-ray Film	Laboratory Repo	rts
-	-		-		
This request DOES No notes, both of which r		e of genetic information at.	for insurance pu	irposes or the release	of psychotherapy
This information may b of the individual or org		by the following individ	lual(s) or organiza	tion(s) (please include	e the name and address
			F	Fax:	
§ 164.506 Uses and disclose (a) <i>Standard: Permitted uses</i> may use or disclose protected disclosure is consistent with of (b) <i>Standard: Consent for use</i> carry out treatment, payment, (2) Consent, under paragraph 164.508, is required or when (c) <i>Implementation specificat</i> (1) A covered entity may use (2) A covered entity may disc (3) A covered entity may disc the information.	and disclosures. Except with health information for treatmost other applicable requirements es and disclosures permitted. (or health care operations. (b) of this section, shall not be another condition must be me ions: Treatment, payment, or or disclose protected health informa- close protected health informa- close protected health informa-	payment, or health care oper respect to uses or disclosures to nent, payment, or health care of of this subpart. (1) A covered entity may obtain the effective to permit a use or of et for such use or disclosure to	rations. that require an authoriz perations as set forth in in consent of the indivi disclosure of protected be permissible under t ent, payment, or health a health care provider. or a health care provid	eation under § 164.508(a)(2) n paragraph (c) of this section dual to use or disclose protect health information when an his subpart. care operations.	and (3), a covered entity on, provided that such use or ected health information to a authorization, under § s of the entity that receives
if each entity either has or have pertains to such relationship, (i) For a purpose listed in par- (ii) For the purpose of health	d a relationship with the indiv and the disclosure is: agraph (1) or (2) of the defini- care fraud and abuse detection	vidual who is the subject of the tion of health care operations;	protected health inform	mation being requested, the	protected health information
		for any health care operations a			