

**SAM SLONIM, MD**

**AUTHORIZATION FOR DISCLOSURE OF HEALTH CARE INFORMATION**

Federal and state laws govern disclosure of health care information. While they may help protect patients' private health information they also can make a seemingly simple process fairly complicated. Please read and fill out this form completely - authorizations that are not completely and accurately filled out can not be honored.

Revoking/canceling this authorization - You may revoke/cancel this authorization (as long as the disclosure has not already been made) by providing written notice to the party that will be making the disclosure. It is recommended that you also call as soon as you decide you want to revoke the authorization and that you deliver the written notice in person. (Note: if an authorization was obtained as a condition of obtaining insurance coverage, other law may not allow you to revoke/cancel the authorization.)

Copy of this authorization - The person signing this authorization needs to receive a copy of it.

If this is filled out/signed at Dr. Slonim's office - please ask for a copy if we do not provide one for you.

If this is filled out/signed outside of Dr. Slonim's office, please make a copy to keep. If you would like us to send you a copy of this authorization form check here →

Charges - there may be a charge for release of information. For records released by Dr. Slonim, our policy is usually not to charge for records sent to another physician/provider who will be providing care for the patient (unless you check "everything in the chart" on opposite side) and usually to charge for all other releases of information. Our policy is to require payment be made prior to records being released. The charge will follow state law and be related to the amount and complexity of records requested. For records released from other offices/providers please check with them regarding their charges.

Possible conflict on categories/types of information released - The law requires that certain categories of information (mental health, alcohol/drug problems, sexually transmitted diseases including HIV/AIDS) be specifically authorized. There may be pages of information that contain both general medical information and one or more of these categories - this is especially so in family practice. If the authorization requests only general information and a page has both general and one or more of these categories of information that page will not be sent - our policy is not to cut up pages of information (nor to cross out non-authorized information). Similarly, although an authorization may only request information about one subject/illness anything else on pages dealing with that subject/illness will also be sent.

As an example, say John Doe takes Prozac for depression (mental health) and is seen for a leg injury from an automobile accident. When seen we ask and list all medicines he is taking so Prozac is listed on the office visit for this leg injury. An authorization is sent requesting information about the automobile accident. If the authorization includes the category of mental health then the page will be sent (thus showing he is on Prozac); if the authorization does not include the category of mental health then the page will not be sent (thus not sending information about the accident).

As an alternative we could send the page to the patient directly and he/she could alter it or send it to whomever -- if interested in this, let us know.

Miscellaneous - 1) Dr. Slonim does not require you to make this authorization as a condition for treatment (except if this is related to a research study you are participating in) -- if you are requesting records from another provider and have questions/concerns on the necessity of signing this authorization, please contact them. 2) Medical records technically belong to the provider (example, physician) who created them - laws govern patients' access to copies of these records, the original records belong to the provider. 3) Dr. Slonim has a "Notice of Privacy Practices" describing situations where private health information is released/disclosed without patient's authorization (for example, sending bills to insurance companies) - all patients seen at Dr. Slonim's office on/after 2/1/03 are offered a copy this - if you would like a copy of the current version, please ask us. 4) Recognize that there is potential for re-disclosure of the information disclosed by this release by the party receiving this information (and that federal and state privacy laws may no longer protect the information).

**SAM SLONIM, MD**  
**34616 11th PLACE S. #5**  
**FEDERAL WAY, WA 98003**

**AUTHORIZATION FOR DISCLOSURE OF HEALTH CARE INFORMATION**

**>>>> Read opposite side before filling this out <<<<**

DATE \_\_\_\_\_  
(Authorization expires 90 days from this date - if you want it to expire sooner, enter expiration date: \_\_\_\_\_)

PATIENT TO DISCLOSE INFORMATION ABOUT \_\_\_\_\_

Birth date \_\_\_\_\_

RECORDS TO BE RELEASED FROM \_\_\_\_\_  
\_\_\_\_\_

RECORDS TO BE RELEASED TO \_\_\_\_\_ Dr. Slonim (address above)  
or \_\_\_\_\_ other: \_\_\_\_\_  
address: \_\_\_\_\_

PURPOSE OF DISCLOSURE: \_\_\_\_\_ at the request of the individual signing this form  
(select one) or \_\_\_\_\_ to assist Dr. Slonim in providing primary care for this person  
or \_\_\_\_\_

**CATEGORIES OF INFORMATION TO BE DISCLOSED:**

- MEDICAL:** Information relating to acute/chronic medical conditions, illnesses, injuries, check-ups
- MENTAL HEALTH:** Information related to mental health, psychiatric, emotional problems/issues
- ALCOHOL AND/OR DRUG DEPENDENCY:** Information relating to alcohol and/or drug / chemical dependence / abuse
- SEXUALLY TRANSMITTED DISEASES:** Information related to sexually transmitted diseases including HIV/AIDS.
- ALL OF THE ABOVE**

**WITHIN THE ABOVE CATEGORIES, DESCRIBE WHAT INFORMATION IS TO BE DISCLOSED:**

A) Time Period: \_\_\_ All or \_\_\_ Specific: from \_\_\_\_\_ to \_\_\_\_\_

B) Select one of these:

(if you select the first or second, you probably should select "All of the Above" category above)

\_\_\_ Usual/routine. Following is what is usually sent. If something different is requested, please note this – cross-out items not wanted that would otherwise be sent and circle items wanted that would otherwise not be sent

Usually sent: Office notes, history form, lab reports, X-Ray reports, reports of other tests (exs: EEGs, EKGs, etc.), correspondence regarding health matters (ex: consultations, letters), immunization records, growth charts, hospital records, "flow sheets," etc.

Usually not sent: Records from previous doctors / providers, previous disclosures of records, consent forms, non-health related information

\_\_\_ Everything in the chart

\_\_\_ Specific request: \_\_\_\_\_  
\_\_\_\_\_

**I authorize the release of information as described above. I have read and understand the information on the opposite side of this form.**

\_\_\_\_\_ witness \_\_\_\_\_ signature \_\_\_\_\_ relationship, if not patient

FOR OFFICE USE: copy to \_\_\_ patient \_\_\_ other: \_\_\_\_\_ date \_\_\_\_\_ given in person \_\_\_ mailed \_\_\_ other: \_\_\_\_\_