Mindfully Integrated Health, PLLC

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HIPAA RELEASE

Authorization for Use and Disclosure

Patient Name: _____ Date birth: _____ Phone #: _____

Address: _____ City: _____ ST: _____ Zip: _____

Dates of Service: _____

□ **I authorize** Mindfully Integrated Health, PLLC to use and disclose my protected health information for its own purposes of treatment, payment, and health care operations.

□ **I authorize** Mindfully Integrated Health, PLLC to disclose the following records related to the date above:

□ **I authorize** _____ to disclose the following records related to the date above:

Records: □ All records □ Medical Records □ Drug and alcohol related
□ Diagnostic Records □ Billing/Claims Records □ Treatment Records

Please release these records to: □ COVERED ENTITY or □ INDIVIDUAL LISTED BELOW

NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ZIP: _____

PHONE: _____ FAX: _____

□ For purposes of treatment, payment, health care operations, or □ other _____

If the person or entity receiving this information is not a health care provider or health plan covered by federal privacy regulations, the information described above may be disclosed to other individuals or institutions, per your request, and no longer protected by these regulations.

You may **revoke this authorization** in writing at any time by sending written notification to:

Mindfully Integrated Health, PLLC
8585 East Hartford Drive Suite 103
Scottsdale Arizona 85255

Please note: Revocations do not apply to information that has already been disclosed or used before revocation has been received.

You may decline to sign this authorization. Declining to sign will not affect your ability to obtain treatment or payment or your eligibility for benefits unless this authorization is being performed solely to create information to be sent to another entity.

You have the right to receive a copy of this authorization. This authorization expires one year from date of signing or on _____

_____ OR _____

SIGNATURE OF PATIENT DATE PARENT/LEGAL GUARDIAN/AUTHORIZED PERSON DATE

Name: _____ Relationship: _____