

**Celebration of Health Association
Authorization for Use or Disclosure of Protected Health Information**

Please note: Records will be printed and mailed.

I hereby authorize Celebration of Health Association to disclose the following protected health information to:

Name _____

Address _____

City, State, Zip _____

Specifically describe the information to be used or disclosed, including, but not limited to, meaningful descriptors, such as date of service, type of service provided, level of detail to be released, origin of information, etc. (Standard two years of information, unless otherwise specified):

This protected health information is being used or disclosed for the purpose of transferring records.

I understand that I have the right to revoke this authorization, in writing, at any time by sending such written notification to the Privacy Officer at Celebration of Health Association. I understand that a revocation is not effective to the extent that Celebration of Health Association has relied on the use or disclosure of the protected health information. I understand that information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by federal or state law.

Celebration of Health Association will not condition my treatment, payment, enrollment in a health plan, or eligibility for benefits (if applicable) on whether I provide authorization for the requested use or disclosure.

I understand that I have the right to:

- Inspect or copy the protected health information to be used or disclosed as permitted under federal law (or state law to the extent the state law provides greater access rights)
- Refuse to sign this authorization.
- Receive a signed copy of this authorization.

Signature of Patient or Personal Representative

Date of Signing

Printed Name of Patient or Personal Representative

Description of Personal Representative's Authority

SSN _____

Date of Birth _____

You may mail this completed form to COHA at P.O. Box 248, Bluffton, OH 45817-0248; or e-mail to kgundycohc@yahoo.com

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