Timeline Integrative Psychiatry, LLC
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Authorization to Use or Disclose My Health Information

Patient name: _____Date of birth:_____

I. My Authorization

You may use or disclose the following health care information (check all that apply):

___All my health information maintained by the above-named practice

___My health information relating to the following treatment or condition: _____

___My health information for the date(s):_____

I specifically authorize disclosure of the following conditions (check all that apply):

___Drug abuse ___Alcohol abuse ___HIV/AIDS ___psychological or psychiatric conditions ___ psychotherapy notes

You may disclose this health information to:

Name (or title) and organization_____

Phone number_____ Fax_____

Address: _____City _____State _____Zip_____

Reason(s) for this authorization (check all that apply):

This authorization ends*: ___On (date): _____
___End of treatment
___Other: _____
If no end date is provided, this authorization will expire one year from the date of signing

II. My Rights

I understand I do not have to sign this authorization in order to get health care benefits (treatment, payment, enrollment or eligibility for benefits). However, I do have to sign an authorization form:

- To receive health care when the purpose is to create health information for a third party.

I may revoke this authorization in writing. If I revoke this authorization, it would not affect any actions already taken by the above-named practice based upon this authorization. I may not be able to revoke this authorization if its purpose was to obtain insurance. A way to revoke this authorization is:

- Write a letter to the office.

Once the office discloses health information, the person or organization that receives it may be able to redisclose it. Privacy laws may no longer protect it.

_____ _____ _____
Patient or legally authorized individual signature | Date | Time

_____ _____
Printed Name if signed on behalf of the patient | Relationship (parent, legal guardian, personal representative, etc.)