



## HIPAA Privacy Authorization Form

**\*\*Authorization for Use or Disclosure of Protected Health Information  
(Required by the Health Insurance Portability and Accountability Act, 45 C.F.R.  
Parts 160 and 164)\*\***

**\*\*1. Authorization\*\***

I authorize \_\_\_\_\_ (healthcare/hospice provider) to use and disclose the protected health information described below to "A Simple Wish", (A philanthropic foundation seeking the information).

**\*\*2. Effective Period\*\***

This authorization for release of information covers the period of healthcare from:

a.  \_\_\_\_\_ to \_\_\_\_\_.  
Date of enter into Hospice                      Today's Date

**\*\*3. Extent of Authorization\*\***

a.  I authorize the release of my complete health record pertaining to my placement into hospice care. No information about any prior treatments and or conditions can be released.

**\*\*OR\*\***

b.  I authorize the release of my complete health record with the exception of the following information:

- Mental health records
- Communicable diseases (including HIV and AIDS)
- Alcohol/drug abuse treatment
- Other (please specify): \_\_\_\_\_

4. This medical information can be used by "A Simple Wish" to determine eligibility to receive any gifts, donations or services that they desire.

5. This authorization shall be in force and in effect for ninety (90) days from the date that this release was signed, at which time this authorization expires.

6. I understand that I have the right to revoke this authorization, in writing at any time. I understand that a revocation is not effective to the extent that any person or entity has already acted in reliance on my authorization

7. I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law.

\_\_\_\_\_  
Signature of patient or personal representative

\_\_\_\_\_  
Printed name of patient or personal representative and relationship to patient

\_\_\_\_\_  
Date