



## AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

I, \_\_\_\_\_ hereby authorize Top Aid Healthcare, INC (hereafter collectively referred to as "Agency") to use and disclose in any form or for concerning \_\_\_\_\_ (PRINT client/patient) but only as follows. A copy of this signed, Dated Authorization shall be as effective as the original. Agency may use and disclose the following information.

To: \_\_\_\_\_

For the purpose (s) of (be specific):

I specifically authorize agency to use and disclose the following types of confidential information (initial where appropriate):

\_\_\_\_\_ HIV records (including HIV test results) and sexually transmissible diseases.

\_\_\_\_\_ Alcohol and substance abuse and treatment records

\_\_\_\_\_ Psychotherapy records

\_\_\_\_\_ Others Specify: \_\_\_\_\_

The undersigned does hereby release, hold harmless and agree to indemnify agency, it's employees and agents for all liability (including but not limited to negligence) arising out of or occurring under this authorization. I understand that my records may be subject to re-disclosure by recipients) and unprotected by federal or state law; that this authorization remains effective until agency is in actual receipt of a signed revocation or until the records retention period required under federal and state law has expired and the records have been destroyed; that I have the right to revoke this authorization at any time, provided I do so in writing; that I have been given opportunity to ask questions; that I have received a copy of the signed authorization; that I may inspect a copy of my protected health information to be used or disclosed under this authorization; that the agency has not conditioned provision of services to or treatment of me upon receipt of this signed authorization; and that I refuse to sign authorization.

Expiration Date: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OR

Patient Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Describe Client's representative authority to client: \_\_\_\_\_

Agency Representative Signature & Title \_\_\_\_\_ Date \_\_\_\_\_