



Streu's Pharmacy, Inc.
HIPAA Release of Information Authorization

Patient Name: \_\_\_\_\_ Date of Birth: \_\_/\_\_/\_\_
Address: \_\_\_\_\_

This form authorizes the release of health information to someone other than the patient or Power of Attorney (POA).

Examples for when to complete this form:

- Bill is being sent to someone other than patient or POA
• To release health information to family, non-POA member or friend

SECTION A: Individual Authorizing Use and/or Disclosure.

TO THE INDIVIDUAL

No Conditions: This authorization is voluntary.

Effect: The protected health information described below may be disclosed to and/or received by persons or organizations who are not subject to federal health information privacy laws. Once it is released to such parties it is no longer protected by federal health information privacy laws.

SECTION B: To whom the information is being authorized for release:

Table with 6 columns: Name(s), Street Address, City, State, Zip, Phone Number. Rows 1-4.

Do not release information to anyone other than patient.

SECTION C: The use and/or disclosure being authorized (check boxes below).

- Billing Account (Including insurance information)
Prescription Information
Other

SECTION D: Statement Information. (Please indicate where billing statements should be mailed):

Table with 6 columns: Name, Street Address, City, State, Zip, Phone Number.

SECTION E: Expiration and Revocation.

This authorization will remain in effect until I choose to revoke it.

Right to Revoke: I understand that I may revoke this authorization at any time by providing written notice of revocation to Streu's Pharmacy, 635 Main Street, Green Bay, WI, 54301. Revocation of this authorization will not affect any action taken in reliance on this authorization before we received written notice of revocation.

Information will not be released without the appropriate consent form signed.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_
POA Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

(Please attach copy of POA form)