



## Authorization

### MEDICAL RECORDS DISCLOSURE LOG

### HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

#### BEFORE DISCLOSING PERSONAL HEALTH INFORMATION

- 1) Verify the identity of the individual requesting information and the purpose for the disclosure.
- 2) Note any specifications from patient regarding the release of their Personal Health Information (Restrictions, Authorizations, Designations).
- 3) Document any non-routine disclosures of health information **EXCEPT:**
  - To carry out treatment, payment, health care operations.
  - To persons or representatives involved in the individuals care.
  - Pursuant to an authorization.

**NOTE:** See disclosure guide for requirements for other types of disclosures.

#### RESTRICTIONS ON USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

| RESTRICTIONS |
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**Note:** Restriction/Communication requests must be approved by physician and/or manager. Request form should be placed in medical record.

#### DESIGNATION OF PERSON(S) INVOLVED IN CARE

| NAME | PHONE | RELATIONSHIP TO PATIENT | PATIENT SIGNATURE | DATE |
|------|-------|-------------------------|-------------------|------|
|      |       |                         |                   |      |
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**Note:** Patient signature authorizes Lakeshore Area Radiation Oncology Center to disclose personal health information to the designated individuals and validates the above information.

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

Confidentiality of this medical record shall be maintained except when use or disclosure is required or permitted by law, regulation, or written authorization by the patient.

“Sharing in your hope for the future”