

Simple Traditions Family Health PLLC  
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### Authorization to Use or Disclose My Health Information

Patient name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Previous name: \_\_\_\_\_

#### I. My Authorization

I authorize \_\_\_\_\_ to disclose the following health care information (check all that apply):

- Records for the past year, a medication list, and a summary page of medical history (if applicable)
- My health information relating to the following treatment or condition: \_\_\_\_\_
- My health information for the date(s): \_\_\_\_\_
- Other: \_\_\_\_\_

#### You may disclose this health information to:

Name (or title) and organization: Simple Traditions Family Health PLLC, Paul Dibble MD, Pamela Johnson MD  
Address: 827 S Magnolia Blvd, Suite 6 City: Magnolia State: TX Zip: 77355

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

- for continuity of health care
- other (specify) \_\_\_\_\_  
\_\_\_\_\_

This authorization ends:  on (date) \_\_\_\_\_  
 when the following event occurs \_\_\_\_\_

#### II. My Rights

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

- To take part in a research study.  
or
- 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 did, 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. Two ways to revoke this authorization are:

- Fill out a revocation form. The form is available from the office.  
or
- Write a letter to the office.

Once the office discloses health information, the person or organization that receives it may re-disclose 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.)