

Simple Traditions Family Health PLLC
Paul Dibble MD
827 Magnolia Blvd, Suite 6
Magnolia, TX 77355

Ph: 281-259-7400
Fax: 888-502-3566
www.stfhealth.com

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

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.)