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Andrew s. Kirschner, D.O
founder & medical director

**KIRSCHNER OSTEOPATHIC
HIPAA POLICY AND PROCEDURE**

**PATIENT AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION TO
THIRD PARTIES**

By signing this Authorization, I authorize KIRSCHNER OSTEOPATHIC to use and/or disclose certain protected health information (PHI) about me to or for the party or parties listed below.

This Authorization permits KIRSCHNER OSTEOPATHIC to use and disclose to:

(Name of Person or Entity who is to receive the information) the following health information:

This Authorization will expire will expire on _____

When my information is used pursuant to this Authorization, it may be subject to re-disclosure by the recipient and may longer be protected by the Federal HIPAA Privacy Rule.

I have the right to revoke this Authorization in writing, except to the extent that KIRSCHNER OSTEOPATHIC has acted in reliance upon this Authoriztion. My written revocation must be submitted to: Privacy Officer, KIRSCHNER OSTEOPATHIC, 2 Bala Plaza, PL 13, Bala Cynwyd, PA 19004.

Signed by:

Signature of Patient/Legal Guardian

Relationship to Patient

Patient's Name (Printed)

Date

Parent's or Legal Guardian's Name (Printed)



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We want you to know that KIRSCHNER OSTEOPATHIC respects your privacy and protects your information.

We do not share patient information with persons, companies, or organizations outside of KIRSCHNER OSTEOPATHIC that would use that information to contact you about their own services.

We expect persons or organizations that provide services on our behalf to keep patient information confidential and to use it only to provide services we've asked them to perform.

We do not sell patient information.

Within KIRSCHNER OSTEOPATHIC we communicate to our employees the need to protect patient information. We have established physical, electronic, and procedural safeguards to protect patient information.

Patient's Signature:

Date:

If a minor, signature of patient and/or legal guardian and relationship to minor patient: