Blairsville Internal Medicine

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Mary Beth Wiles, MD Elizabeth Wiles, DO Jill Nielsen, DNP Suzanna Pollock, APRN

AUTHORIZATION FOR BIM TO RELEASE MEDICAL INFORMATION

PATIENT _____ DATE OF BIRTH _____ CHART _____

I hereby authorize use and/or disclosure of protected health information (PHI) about me as described below. By signing, I authorize Blairsville Internal Medicine to disclose certain PHI about me to:

NAME _____

ADDRESS _____

CITY STATE ZIP_____

Phone #: _____ FAX #: _____

The specific information to be disclosed is:

_____ The contents of my medical file, specifically: the most recent office notes, laboratory data, problem list, medication list, procedure reports, x-rays or medical records which may have been obtained from another source. I acknowledge that the information I am requesting may contain information related to psychiatric care, drug and alcohol abuse and HIV/AIDS confidential information.

_____ Other (please specify): _____

The information will be used or disclosed for the following purpose:

_____ To aid in the diagnosis and/or continuing treatment of the patient.

_____ Other (please specify): _____

Blairsville Internal Medicine will _____ will not _____ receive payment for the authorized copies.

This authorization expires one year from the date I enter below, or by notifying the releasing organization in writing of my desire to revoke (cancel) it. However, I understand that any action already taken in reliance on this authorization cannot be reversed, and my revocation will not affect those actions.

I understand that the medical provider to whom this authorization is furnished may not condition its treatment of me on whether or not I sign it.

THIS FORM MUST BE FULLY COMPLETED BEFORE SIGNING

_____ _____

SIGNATURE of Patient, Legal Guardian or Healthcare Proxy DATE

_____ DOB _____ SSN _____

Printed Name of Legal Guardian or Healthcare Proxy

Patient/Guardian must be provided with a signed copy of this authorization form.

References to "the practice(s)" in this document include Mary Beth Wiles, MD, PC; Mary Elizabeth Wiles, DO, PC; and Blairsville Internal Medicine and all its providers.

10/17/2014; rev 07/2015; rev 11/2017, rev 08/2018