

AUTHORIZATION FOR RELEASE AND USE OF INFORMATION

I. Authorization for Use of Patient Information where disclosure is not covered by HIPAA.

I hereby unconditionally authorize disclosure to and use by The American Academy of Facial Plastic and Reconstructive Surgery and The Educational and Research Foundation for The American Academy of Facial Plastic and Reconstructive Surgery of all information related to my treatment by and relationship with _____ that is not covered by the Health Insurance Portability and Accountability Act (HIPAA), or that is subject to an exception to that act, or for which disclosure is allowed under an exception to the Act. Without limiting the generality of the foregoing statement, such uses may include peer review and redisclosure of the information to committees, staff, and attorneys in the course of those activities. I agree to hold the above-described persons and organizations harmless against all claims arising from their disclosure, receipt, and use of the information.

II. Further Authorization for Information covered by HIPAA.

A. Use or Disclosure of HIPAA-covered Information.

Additionally, without limiting the foregoing authorization, in the event information and its disclosure are covered by the Health Insurance Portability and Accountability Act (HIPAA), I authorize the use or disclosure of my individually identifiable health information as described below. *I understand that this authorization is voluntary and that I may revoke it at any time by submitting my revocation in writing to the entity providing the information.*

Patient name: _____ ID Number: _____

Persons/organizations authorized to provide the information: _____

Persons/organizations authorized to receive the information: The American Academy of Facial Plastic and Reconstructive Surgery and The Educational and Research Foundation for The American Academy of Facial Plastic and Reconstructive Surgery

Specific description of information to be used or disclosed (including date(s)): _____

Specific purpose of the disclosure: _____
