



**AUTHORIZATION FOR RELEASE OF INFORMATION**  
(HIPAA Authorization)

I, \_\_\_\_\_, hereby authorize Kentuckiana Allergy PSC to release the following protected health information:

Specifically describe the information to be used or disclosed: \_\_\_\_\_  
\_\_\_\_\_

Disclose the above protected health information to: **(name of entity to receive information)**

\_\_\_\_\_  
\_\_\_\_\_

This protected health information is being used or disclosed for the following purposes: \_\_\_\_\_  
\_\_\_\_\_

This authorization shall be in force and effective until \_\_\_\_\_ **(expiration date)** at which time this authorization to use or disclose this protected health information expires.

I understand that information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by federal or state law.

I understand that if, Kentuckiana Allergy is releasing my records, I have the right to revoke this authorization, in writing, at any time by sending such written notification to Kentuckiana Allergy or by filling out a *Revocation of Authorization* (provided by Kentuckiana Allergy).

I understand that this is not the authorization to release medical information necessary to process claims or to provide records to other health care providers who are directly involved in my medical care (this authorization is signed on the Patient Registration sheet).

Kentuckiana Allergy will not condition my treatment, payment, enrollment in a health plan or eligibility for benefits (if applicable) on whether I provide authorization for the requested use or disclosure.

I understand that I have the right to:

- Inspect or copy the protected health information to be used or disclosed as permitted under federal law (or state law to the extent the state law provide greater access right.)
- Refuse to sign this authorization.

\_\_\_\_\_  
Patient Name (please print)

\_\_\_\_\_  
Patient's Date of Birth

\_\_\_\_\_  
Signature of Patient or Personal Representative

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Description of Personal Representative's Authority

Phone: 502-426-1621

Toll Free: (800) 548-6543

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