Jones Institute
for Rehabilitative Audiology, LLC

300 Vestavia Parkway, Suite 2300
Vestavia Hills, AL 35216

Phone: 205-795-2059
www.jonesinaudiology.com

Authorization for Release of Protected Health Information

This form authorizes Jones Institute for Rehabilitative Audiology, LLC (JIRA) to share personal health/medical information that is protected by the Health Insurance Portability and Accountability Act (HIPAA) privacy rule.

Information about:

Patient Name: _____

Date of Birth: _____

Address: _____

_____

Phone #: _____ E-mail: _____

May be shared between JIRA and the following:

Name: _____

Agency: _____

Address: _____

_____

Phone: _____ Fax: _____

E-mail: _____

Information may be shared by phone, in writing, via computer file, or by email unless otherwise directed below.

Other directions: _____

The purpose of this release is: _____ coordination of care for the named patient.

_____ Other (specify): _____

My signature indicates I understand and agree that:

- only information that is needed to fulfill the purpose(s) listed above will be released.
- this authorization will remain in effect until and unless JIRA is otherwise notified in writing.
- I can withdraw or take back my permission at any time, by notifying JIRA in writing.
- if I withdraw or take back my permission, information already shared cannot be recalled.
- I may ask for a copy of this signed form, as well as a copy of any records shared.

In addition, I have the authority to give the permission described above and am doing so voluntarily.

_____	_____	_____
Patient Signature if 14 or older	Printed Name	Date
_____	_____	_____
Parent/Guardian/Personal Representative	Printed Name	Date

Signature of Witness: _____ Date: _____