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**AUTHORIZATION FORM
RELEASE OF PROTECTED HEALTH INFORMATION**

By signing this form, I authorize you to use and disclose the protected health information described below.

*Patient Name: _____ DOB _____

*Information Requested from: _____

*Tel _____ *Fax _____

*The health information you may release subject to this authorization is as follows

<input type="checkbox"/> Prenatal Record	<input type="checkbox"/> Dysplasia/ Pap / Colpo / Biopsies / LEEP
<input type="checkbox"/> Labs Including HIV testing	<input type="checkbox"/> Imaging
<input type="checkbox"/> Operative Reports	<input type="checkbox"/> Office Notes
<input type="checkbox"/> Fertility testing/ treatment	
<input type="checkbox"/> Entire Health Record	<input type="checkbox"/> All records between _____ and _____

*The purpose of this release of information is as follows:

*This authorization shall be in force and effective until the following event and/or date:

Release my protected health information to the following person /entity:

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I understand that I have the right to revoke this authorization, in writing, at any time by sending a written notification to the following person at the practice: **JoLynn Baird**

I understand that a revocation is not effective to the extent that the practice has relied on this authorization in its actions. Also, a revocation is not effective if this authorization was obtained as a condition of obtaining insurance coverage, as other law provides the insurer with the right to contest a claim under the policy of the policy itself.

I understand that information used or disclosed pursuant to this authorization may be subject to redisclosure by the recipient and may no longer be protected by federal HIPAA privacy regulations.

The practice will not condition my treatment, payment, and enrollment in a health plan, or eligibility for benefits on whether I provide authorization for the requested use or disclosure.

*Signature of Patient or Personal Representative

Name of Patient or Personal Representative

*Date

Description of Personal Representative's Authority