

**HEMATOLOGY ONCOLOGY ASSOCIATES OF HOUSTON**  
**PATIENT AUTHORIZATION FOR USE AND DISCLOSURE OF**  
**PROTECTED HEALTH INFORMATION**

By signing this authorization, I authorize Hematology Oncology Associates of Houston to use and/or disclose, as well as receive certain protected health information (PHI) about me to or from \_\_\_\_\_ . This authorization permits Hematology Oncology Associates of Houston to disclose and receive the following individually identifiable health information about me:

- Complete Medical Records
- History and Physical Examination
- Consultation Reports
- Progress Notes
- Procedural Reports
- Pathology Reports
- Laboratory Tests
- Radiology Reports
- Other \_\_\_\_\_

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

\_\_\_\_\_

If requested by the patient, purpose may be listed as “At the request of the individual.” The purpose(s) is/are provided so that I can make an informed decision whether to allow release of the information. This authorization will expire one year from the date of this signed authorization.

The Practice will not receive payment or other remuneration from a third party in exchange for using or disclosing the PHI.

I do not have to sign this authorization in order to receive treatment from Hematology Oncology Associates of Houston. Then my information is used or disclosed pursuant to this authorization, it may be subject to re-disclosure by the recipient and may no longer be protected by the Federal HIPAA Privacy Act. I have the right to revoke this authorization in writing, effective the date of revocation.

THIS AUTHORIZATION ALSO ALLOWS THE RELEASE OF HIV/AIDS, PSYCHOTHERAPY, ALCOHOL AND DRUG ABUSE RECORDS.

My written revocation must be submitted to:

Privacy Officer  
925 Gessner Road  
Suite 310  
Houston, Texas 77024

Signed by \_\_\_\_\_  
Signature of Patient/Legal Guardian                      Relationship to Patient

\_\_\_\_\_    \_\_\_\_\_  
Patient's Name (Please Print)    Date

\_\_\_\_\_  
Printed Name of Legal Guardian  
(if applicable)