

Consent for Release of Health Information

Person(s)/Organization(s) authorized to disclose/release information:

HolladayMD/Dr. Holladay
865 E 4800 S, Ste 160, Murray, UT 84107
Phone: (385) 251-6028 fax: (801)-262-1844

Person(s)/Organization(s) to whom information may be disclosed:

Social security administration, any state or local agency or division addressing case

Specific information to be used/disclosed:

Any or all records, including but not limited to, progress notes, other notes, diagnostic testing records (including psychological testing), forms; as well as other written or verbal information related to health or physical or mental condition, including, but not limited to, information on how impairments affect ability to complete tasks, perform work; or any educational evaluations. May include any information created up through the expiration of this authorization.

This information does not include psychotherapy notes. It includes all information within the categories listed above related to mental health, substance abuse (including drug abuse or alcoholism), HIV or other communicable diseases, sickle-cell anemia, and gene-related impairments (including, but not limited to, information relating to treatment, prevention, history, or assessment of these issues).

(Excluding specific types of information may prevent certain records from being released. This permission may be revoked at any time except to the extent a person/organization authorized to make the disclosure has already relied on it.)

Purpose(s) of disclosure: Disability or medical assistance application or proceedings or management

Date or event upon which this authorization will expire: 12 months from the date of signature.

This authorization may be revoked (taken back) in writing at any time. This may be done by providing a written statement to HolladayMD, stating that you wish to revoke this authorization. A revocation will not apply to the extent that HolladayMD (or another applicable HIPAA “covered entity”) has already taken action relying on the authorization or in certain cases where the authorization was obtained as a condition of obtaining insurance coverage. Covered entities, including Dr.

Holladay/HolladayMD, may not condition treatment (or payment, enrollment, or eligibility of benefits, although these do not generally apply) on whether this authorization is signed. Exceptions may include that providing a release of information may affect social security-related claim processing and in some cases it may prevent the applicant from being able to be enrolled or eligible to receive government benefits. Once this information is disclosed to the recipient, there is the possibility that it may be re-disclosed and in some cases may no longer be protected by HIPAA laws and regulations.

Patient signature

Date

Patient name

Birth date