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Authorization for Disclosure of Health Information

I hereby authorize the following persons to make the authorized use and/or disclosure of my protected information: _____

Information to be disclosed (check all that applies):

- ☐ Complete health record(s) ☐ discharge summary ☐ history & physical examination
☐ Progress notes ☐ consultation reports ☐ laboratory tests
☐ X-ray reports ☐ photographs, videotapes, digital or other images
☐ Other (please specify)- _____

I understand that this will include information relating to (check if applicable)

- ☐ Human immunodeficiency Virus(HIV)infection ☐ behavioral health service/psychiatric care
☐ Treatment for alcohol and/or drug abuse

This information is to be disclosed to: _____

For the purpose of: _____

Check all applicable provisions:

- ☐ The above information to be used or disclosed may be subject to re-disclosure by the recipient, in which case it is no longer subject to the Privacy Standards. I understand this authorization may be revoked in writing at any time, except to the extent that action has been taken in reliance on this authorization. This authorization will remain effective for __ 90/ __180 days (check one) unless an earlier date or condition/ event is specified here: _____
☐ I understand that I may inspect the information being disclosed. I understand that I do not have to sign this authorization and that my refusal to sign will not affect my abilities to obtain treatment from Provider nor will it affect my eligibility for benefits.
☐ I understand the Provider may receive financial gain for the above disclosure.

I certify that I have read and received a copy of this Authorization, and that I agree to this release of health information as described herein.

Signed:

(Patient)

(Date)

(Legal Representative)

(Date)

Received by: _____

NOTE TO RECIPIENTS OF THIS INFORMATION

"This information has been disclosed to you from records whose confidentiality is protected from disclosure by state and federal law. ORC 5122.31, 45 CFR Part 2, and/or ORC 3701.243 prohibit you from making any further disclosure of it without the specific and informed release of the individual to whom it pertains, their authorized representative, or as otherwise permitted by law. A general authorization for release of information is not sufficient for this purpose".