

MARY RUTAN HOSPITAL
205 PALMER AVE - BELLEFONTAINE, OH 43311-2298
PHONE: 937/592-4015

AUTHORIZATION FOR USES AND DISCLOSURES OF PATIENT INFORMATION

PATIENT NAME

TODAY'S DATE

ADDRESS

PHONE NUMBER

DATE OF BIRTH or SOCIAL SECURITY NUMBER

NAME OF PERSONAL REPRESENTATIVE (if applicable)

RELATIONSHIP OF PERSONAL REPRESENTATIVE TO PATIENT or STATEMENT OF AUTHORITY

I hereby authorize the use or disclosure of the above named individual's personal health information as described below:

Information Requested – Please Describe Fully:

SELECT ONE:

1. Mary Rutan Organized Healthcare Arrangement may **release** the above described personal health information to the following person(s) or group of persons:
2. The following person(s) or group of persons employed by or working for Mary Rutan Organized Healthcare Arrangement may **use** the above described personal health information:

The **purpose** of the authorized use or disclosure of the information described above is as follows:

- At the request of the patient _____
- Other (please describe) _____

- If for marketing, indicate whether Mary Rutan Organized Healthcare Arrangement will receive any remuneration or payment from a third party as a result of the marketing: _____

