## **UNIVERSITY OF SOUTH ALABAMA**

COLLEGE OF ALLIED HEALTH PROFESSIONS

DEPARTMENT OF SPEECH PATHOLOGY AND AUDIOLOGY SPEECH AND HEARING CENTER TELEPHONE: (251) 445-9378 HAHN 1119, 307 N. UNIVERSITY BLVD. MOBILE, ALABAMA 36688-0002 FAX: (251) 445-9377

Name of Patient's Representative

PATIENT AUTHORIZ

(Mark v	vhichever is applicable)	USE OF PHI DISCLOSUI	RE OF PHI	OBTAINING PHI		
INFOR	MAITON, WHICH MAY REL	ER AUTHORIZATION FOR USI ATE TO PSYCHOLOGICAL, DR SEXUALLY TRANSMITTED DIS	UG OR ALCOHO	OL CONDITIONS AND/C	R DIAGNOSIS,	
NAME.		nd Hearing Center to use, disc			m medical record o	f: 
ADDRE	SS					
PHONE	. NO	DATE OF BIRTH		SSN		
1.	Information that is to be Discharge summary X-ray reports		rts	heck) or <b>SPECIFIC DATE</b> History & P  Pathologica	hysical	
	Billing reports					
2.	Protected Health Information	ation may be used by, disclose	ed to or obtaine	ed from: (Include comp	lete address)	
3.	Purpose of Use and/or Disclosure of PHI:					
	Attorney/legal		nha Bildsca) FeE Notics é	RUANIQID 220s BIDIC COTTO I SE	Tasse5dr2652m0p7lidd(a)tTipE	
		including but not limited to	HIV testing and	test results. I hereby	authorize	or do not auth
		_	_	ords pursuant to this au		
		provisions, pertaining to this		•		
	2. I understand that the health information to be released may be subject to redisclosure by the					ire by the reci
information and no longer protected by the federal Privacy Rules.						
					Signature of Patier	nt