

***Authorization of Disclosure of Protected Health Information by another Covered Entity
for Use by Douglas J. Spiel, MD***

Information to Be Used or Disclosed

Information to be obtained under this authorization includes:
Medical records

Purposes of Disclosure

Information listed above will be disclosed for the following purposes:

- Third party billing and/or collection services
- Transcription services
- Interpreters for translation
- Other providers participating in patient's care

Persons Authorized to Use or Disclose Information

Information listed above will be used or disclosed by:
Legal representatives of Douglas J. Spiel, MD

Persons to Whom Information May Be Disclosed

Information described above may be disclosed to:
Legal representatives of Douglas J. Spiel, MD and their associates

Expiration Date of Authorization

This authorization unless revoked or terminated by the patient or the patient's personal representative shall remain in effect.

Right to Terminate or Revoke Authorization

You may revoke or terminate this authorization by submitting a written revocation to Douglas J. Spiel, MD. You should contact the Privacy Officer to terminate this authorization.

Potential for Re-disclosure

Information that is disclosed under this authorization may be re-disclosed. The privacy of this information may not be protected under the federal privacy regulations.

Rights of the Individual

- You may inspect or request a copy of information that is used or disclosed under this authorization.
- You may refuse to sign this authorization.

Signature

Name of Patient (Print or Type)

Signature of Patient

Date