



Willis-Knighton Health System
 2600 Greenwood Road
 Shreveport, LA 71103

AUTHORIZATION TO DISCLOSE PROTECTED HEALTH INFORMATION

Printed Name of Patient _____

Previous Names, if applicable _____

Date of Birth _____

Daytime Telephone Number _____

SEND INFORMATION TO: (please be specific)

Provider Name/Organization: Ark-La-Tex Urology _____

Address: 2449 Hospital Drive, Suite 280 _____

Bossier City, LA 71111 _____

Phone #: (318) 841-4004 _____

Fax #: (318) 212-2759 _____

INFORMATION TO BE RELEASED FROM: (please be specific)

Provider Name/Organization: _____

Address: _____

Phone #: _____

Fax #: _____

PURPOSE OF DISCLOSURE: Transfer of Care Self Specialist Other _____ (must complete)

INFORMATION TO BE DISCLOSED:

- Medical Records from last two years
- Summary Health Information
- Complete Designated Record Set
- Other: _____

Dates of Service: _____

Expiration Date (or event) _____

If the patient is unable to sign, please indicate such and the authority to act of the person who is signing for the patient. This form must be dated within 90 days of receipt, and may be revoked at any time, providing the information has not already been disclosed. Please see our Notice of Privacy Practices for instructions as to how to revoke this authorization. We will not condition treatment on the completion of the authorization. Also, please be aware that once we disclose this information per your instructions the information is subject to re-disclosure and may no longer be protected by HIPAA of 1996. I acknowledge that I have received a copy of the Notice of Privacy practices. _____ (Initials)

Date

Signature of Patient or Representative

Relationship to Patient

My signature below specifically authorizes the release of healthcare information relating to the testing, diagnosis, or treatment for:

- HIV/AIDS Virus _____
- Sexually Transmitted Diseases _____
- Mental Health/Psychiatric Disorders _____
- Drug, Alcohol Abuse/Treatment _____

Date

Signature of Patient or Representative

Relationship to Patient

For Facility Use:		
Date Received: _____	Date Information Released: _____	Chart #: _____
Person /Department Sending Records: _____		



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