

## FO-SI-09 AUTHORIZATION FROM INDIVIDUAL

---

Purpose: This form is used to confirm the direction of an individual that our Company use or disclose protected health information for a particular purpose.

---

### **SECTION A: Psychotherapy Notes.**

Check if this authorization is for psychotherapy notes.

**If this authorization is for psychotherapy notes, you must *not* use it as an authorization for any other type of protected health information. A separate authorization will need to be submitted for the use or disclosure of other types of protected health information.**

---

### **SECTION B: The Individual (or the Individual's Personal Representative) confirming the authorization.**

I authorize the use and/or disclosure of my protected health information as described in Section C below. I understand this authorization is voluntary and made to confirm my direction.

I understand that, if the persons or organizations I authorize below to receive and/or use the protected health information described below are not health plans, covered health care providers or health care clearinghouses subject to federal health information privacy laws, they may further disclose the protected health information and it may no longer be protected by federal health information privacy laws.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Policy or Student Insurance No.: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

### **SECTION C: The use and/or disclosure being authorized.**

**Protected Health Information to Be Used and/or Disclosed:** Specifically and meaningfully describe the protected health information you are authorizing be used and/or disclosed (if this authorization is for psychotherapy notes, no other type of protected health information may be listed on this authorization):

---

---

---

**Entities Authorized to Receive and Use:** Name or specifically describe the persons and/or organizations (or the classes of persons and/or organizations) to whom you are authorizing our Company to disclose and/or let use the protected health information described above:

---

---

---

