



## Article 16 Clinic

### **AUTHORIZATION to USE or DISCLOSE PROTECTED HEALTH INFORMATION**

**PURPOSE:** This form authorizes Mountain Lake Services to use and/or disclose Protected Health Information for the Individual (PHI) for the individual and purposes outlined below and as permitted by the HIPAA Privacy Regulations.

**INSTRUCTIONS:** Please complete and/or check off the line(s) in each section. Where an explanation is requested, be as specific as possible as the information provided will be strictly followed. If all sections are not completed, this authorization may not be considered valid.

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#### ***IMPORTANT INFORMATION***

##### ***PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY.***

**Effect of Granting This Authority:** The PHI described may be disclosed to and/or received by persons or organizations that are not subject to federal health information privacy laws. These persons or organizations may further disclose the PHI, and it may no longer be protected by federal health privacy laws.

**Right to Revoke:** You may revoke this authorization at any time by giving written notice of revocation. Revocation of this authorization will not affect any action previously taken by Mountain Lake Services or any other entity, if applicable, in reliance on this authorization before written notice of revocation was received.

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If you have questions or need additional information or assistance in completing this authorization, please call

Mountain Lake Services at:

(518)546-7721

Once completed, you may submit the form to the Article 16 Clinic staff; or, personally deliver, mail or fax to:

Mountain Lake Services

10 St. Patrick's Place

Port Henry, NY 12974

Fax: (518)546-7929