Patient Name: ______________________
DOB: ______________________

Authorization for Use or Disclosure of Health Information

Completion of this document authorizes the disclosure and/or use of individually identifiable health information, as set forth below, consistent with Ohio and Federal law concerning the privacy of such information. Failure to provide all information requested may invalidate this Authorization.

USE AND DISCLOSURE OF INFORMATION

Patient's Name ____ __________________________
Last, First, Middle Initial Date of Birth

I, the undersigned, do hereby authorize Thrive Therapy Associates, LLC,
Lewis Center, OH, to provide health information from the above-named patient's medical record to:

____
Name and function of person or organization to which disclosure is made

____
Address City And State Zip Code

This disclosure of health information is required for the following purpose:

____

Dates of Service:____________________ Requested information shall be limited to the following:
____

EXPIRATION

This Authorization expires [insert date or event]:______________________________________

RESTRICTIONS

Ohio law prohibits the requestor from making further disclosure of my health information unless the Requestor obtains another authorization from me or unless such disclosure is specifically required or permitted by law.

YOUR RIGHTS

I understand that I have the following rights with respect to this Authorization:

I may revoke this authorization at any time. My revocation must be in writing, signed by me or on my behalf, and delivered to: Thrive Therapy Associates, LLC, 8860 Sweetshade Drive, Lewis Center, OH 43035. My revocation will be effective upon receipt, but will not be effective to the extent that the Requestor or others have acted in reliance upon this Authorization.

I have a right to receive a copy of this Authorization. I may not be required to sign this Authorization as a condition to obtaining treatment.

APPROVAL

____
Signature Date Witness

____
Relationship to Patient Area Code and Phone Number Date info sent by (Name)