East Valley Diabetes & Endocrinology
P: 480-782-9531 F: 480-782-9530
Myazdr.com

HIPAA Policy

I hereby authorize the use and/or disclosure of my health information as described below. I understand that this authorization is voluntary. I also understand that if the person or organization authorized to receive the information is not a health plan or health care provider, the released information may be re-disclosed and may no longer be protected by the federal privacy regulations.

I authorize the following physician/organization/facility to disclose (release) my health information TO/FROM East Valley Diabetes & Endocrinology:

1) _____

2) _____

3) _____

4) _____

5) _____

By law, the HIPAA Privacy Rule applies only to covered entities – health plans, health care clearinghouses, and certain health care providers. However, most health care providers and health plans do not carry out all their health care activities and functions by themselves. Instead, they often use the services of a variety of other persons or businesses. The Privacy Rule allows covered providers and health plans to disclose protected health information to these "business associates" if the providers or plans obtain satisfactory assurances that the business associate will use the information only for the purposes for which it was engaged by the covered entity, will safeguard the information from misuse, and will help the covered entity comply with some of the covered entity's duties under the Privacy Rule.

I acknowledge that I received and read the Notice of Health Information Practices. I understand that my healthcare provider participates in Health Current, Arizona's health information exchange (HIE). I understand that my health information may be securely shared through the HIE, unless I complete and return an opt-out form to my healthcare provider.

Signature of Individual (or Legal Representative): _____

Individual's/Legal Representative's Name (Print): _____

Relationship: _____

Date: _____