Authorization for Disclosure of Health Information

Fictional individual: Morgan Ellis | Document type: Privacy authorization

ILLUSTRATIVE EXAMPLE ONLY. This document uses fictional parties and is provided to show document structure. It is not state-specific, is not a completed legal instrument, and was NOT generated by the LawFirmSoftware.com Windows application.

1. Person whose information may be disclosed

Individual: Morgan Ellis (fictional sample identity). **Date of birth:** [intentionally omitted]. **Address:** [fictional address omitted].

2. Persons or organizations that may disclose information

In a final authorization, the individual would identify the clinicians, hospitals, health plans, or other covered entities authorized to disclose information. This demonstration intentionally identifies no real provider.

3. Recipients of information

Illustrative proposed recipients: **Jordan Ellis** and **Avery Ellis**. A final authorization must use sufficient identifiers and specify the recipients as the individual intends.

4. Information and purpose

The client might choose to authorize sharing information about diagnoses, medications, treatment, appointments, and care coordination. The actual scope and the purpose of the disclosure must be selected by the individual. Certain categories, including psychotherapy notes or specially protected records, may require separate treatment.

5. Expiration and revocation

A legally sufficient final authorization should contain the expiration date or event required by applicable law, explain revocation rights and limitations, and describe any necessary notices about redisclosure. Those selections have not been completed in this example.

6. Voluntary authorization

Whether treatment, payment or eligibility may be conditioned on an authorization is regulated and context-specific. The final form should include legally required statements relevant to the disclosing entity and the contemplated disclosure.

SAMPLE ONLY

7. Review before use

This example is for layout and topic illustration only. It is not a valid HIPAA authorization and should not be given to a healthcare entity or used to disclose information.

Execution and legal review: Signature, witness, acknowledgment, and notarial blocks are intentionally omitted. A qualified attorney must select state-appropriate provisions, confirm the client’s instructions, and supervise execution.

SAMPLE ONLY