



Authorization for Release of Information

Patient name: _____ Date of birth: _____
Previous name: _____

I. My Authorization

T. Spark Corwin, M.D.
Brian C. Fong, M.D.
Western Washington Medical Group
Department of Urology
4310 Colby Avenue Suite 203
Everett, WA 98203
425-252-8102 phone 425-339-0835 fax

You may use or disclose the following health care information (check all that apply):

- All health care information in my medical record
- Health care information in my medical record relating to the following treatment or condition:

- Health care information in my medical record for the date(s): _____
- Other (e.g., X rays, bills), specify date(s): _____

You may use or disclose health care information regarding testing, diagnosis, and treatment for (check all that apply):

- HIV (AIDS virus)
- Sexually transmitted diseases
- Psychiatric disorders/mental health
- Drug and/or alcohol use

You may disclose this health care information to:

Name (or title) and organization: _____

Address: _____ City: _____ State: _____ Zip: _____

Reason(s) for this authorization (check all that apply):

- at my request
- other (specify) _____
- check only if for marketing purposes
- check only if WWMG will be paid or get something of value for providing health information for marketing purposes

This authorization ends: *(This document does not permit disclosure of health information created more than 90 days after the date it is signed.)*

- in 90 days from the date signed
- when the following event occurs: _____
(no longer than 90 days from date signed)
- on (date): _____

II. My Rights

- I understand I do not have to sign this authorization in order to receive health care.
- I understand I may revoke this authorization in writing at any time.
- I understand that once my health care information is disclosed, the person or organization who receives it may re-disclose it. Privacy laws may no longer protect it.

Patient or legally authorized individual signature

Date

Time

Printed name if signed on behalf of the patient

Relationship