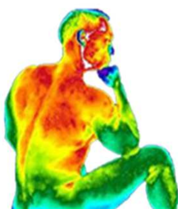

Northeast Thermography
Medical Imaging Center
Cutting Edge Technology for Early Disease Detection

Authorization to Use or Disclose Protected Health Information

Patient Name: ____

Address: ____

Date of Birth: __________________ Date of Request: _________________

I hereby authorize this office and any of its employees to use or disclose my Patient Health Information (PHI) to the following person(s), entity(s), or business associates of this office:

Physicians Insight, LLC

Patient Health Information authorized to be disclosed: **Thermal Images and related health history**

For the specific purpose of: **Interpretation and Analysis of said Images**

This Authorization also allows for the transfer of the report of my thermal study by Physicians Insight's to be sent to me by the use of electronic medium (E-Mail). ______________ (initial)

Effective dates for this authorization:

____/____/____ (today's date) THROUGH ____/____/____ (5 years from today)

This authorization will expire at the end of the above period.

I understand that if I authorize the information disclosed above to additional parties, the disclosed information may no longer be protected for reasons beyond your control.

I understand that I have the right to:

Over →

- Revoke this authorization by sending written notice to this office and that revocation will not affect this office's previous reliance on the uses or disclosure pursuant to this authorization.
- Inspect a copy of Patient Health Information being used or disclosed under federal law.
- Refuse to sign this authorization.
- Receive a copy of this authorization.
- Restrict what is disclosed with this authorization

I also understand that if I do not sign this document, it will not condition my treatment, payment, enrollment in a health plan, or affect eligibility for benefits whether I provide authorization to use or disclose protected health information.

____ _______________
Signature of Patient or Patient's Authorized Representative Date:

____ _______________
Authorized Signature of Northeast Thermography Medical Imaging Center Date: