

# HIPAA - Natalie Bonfiglio

## HIPAA COMPLIANT AUTHORIZATION FORM

### AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize the use of disclosure of my individually identifiable health information as described below.

I understand that this authorization is voluntary and is valid beginning with the date signed below and remains valid for one (1) year.

I understand that if the organization authorized to receive the information is not a health plan or healthcare provider, the released information may no longer be protected by Federal Privacy Regulations.

I acknowledge that information disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer protected by federal law.

I understand that my health record may include information pertaining to the treatment of drug and alcohol abuse, mental illness, acquire immunodeficiency syndrome (AIDS) or human immunodeficiency (HIV); sexually transmitted disease, tuberculosis or genetics. If you do not wish this information to be released, please initial DO NOT RELEASE  .

Patient Name:

Address:

Social Security No.:

Persons/organizations providing the information:

Persons/organizations receiving the information:

**ROSENBAUM & ASSOCIATES, P.C. 1818 MARKET STREET, SUITE 3200 PHILADELPHIA, PA 19103-3611**

Specific description of information: \_\_\_\_\_

What is the purpose of the use or disclosure? **Legal**

The patient or the patient's representative must read and initial the following statements:

1. I understand that this authorization will expire on (DD/MM/YYYY)  
Initials
2. I understand that I may revoke this authorization at any time by notifying the practice in writing, but if I do, it won't have any affect on any actions they took before they received the revocation.  
Initials

Date:

Printed Name of patient's representative:

Relationship to the patient: \_\_\_\_\_



X

---



# Signature Certificate

Document name: HIPAA - Natalie Bonfiglio

Unique Document ID: 9B786282E7E9B51F54972673634BD786B4399112

LEGALLY SIGNED USING  
**WP**esignature  
Build. Track. Sign Contracts.

## Timestamp

## Audit

May 19, 2020 11:33 pm GMT

HIPAA - Natalie Bonfiglio Uploaded by David Rosenbaum - test@rosenbaumfirm.com IP 68.80.162.82

May 21, 2020 12:05 am GMT

Natalie Bonfiglio - nbonfiglio@rosenbaumfirm.com added by David Rosenbaum - test@rosenbaumfirm.com as a CC'd Recipient Ip: 68.80.162.82

May 21, 2020 4:25 am GMT

Natalie Bonfiglio - nbonfiglio@rosenbaumfirm.com added by David Rosenbaum - test@rosenbaumfirm.com as a CC'd Recipient Ip: 68.80.162.82

May 21, 2020 4:53 am GMT

Natalie Bonfiglio - nbonfiglio@rosenbaumfirm.com added by David Rosenbaum - test@rosenbaumfirm.com as a CC'd Recipient Ip: 68.80.162.82

May 26, 2020 3:19 pm GMT

Natalie Bonfiglio - nbonfiglio@rosenbaumfirm.com added by David Rosenbaum - test@rosenbaumfirm.com as a CC'd Recipient Ip: 68.80.162.82



This audit trail report provides a detailed record of the online activity and events recorded for this contract.

Page 3 of 3