

# Gastroenterology Associates of Cleveland, Inc.

## Standard Authorization of Use and Disclosure of Protected Health Information

An authorized representative is a person you authorize to act on your behalf, in obtaining your Protected Health Information (“PHI”) on your behalf, in pursuing a claim or an appeal of a denied claim. This authorization may be either (1) granted for a particular event or date of service, after which time the authorization approval is revoked, or (2) granted

### Information to Be Used or Disclosed

The information covered by this authorization includes:

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### Persons Authorized to Use or Disclose Information

Information listed above will be used or disclosed by:

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Name of person/organization

### Persons to Whom Information May Be Disclosed

Information described above may be disclosed to:

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Name of person/organization

### Expiration Date of Authorization

This authorization is effective through \_\_\_/\_\_\_/\_\_\_ unless revoked or terminated by the patient or patient's personal representative.

### Right to Terminate or Revoke Authorization

You may revoke or terminate this authorization by submitting a written revocation to **Gastroenterology Associates of Cleveland, Inc.** You should contact our Privacy Officer to terminate this authorization.

**Potential for Re-disclosure**

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Information that is disclosed under this authorization may be disclosed again by the person or organization to whom it is sent. The privacy of this information may not be protected under the federal privacy regulations.

**Signature**

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\_\_\_\_\_  
Name of Patient (Print or Type)

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Patient Representative

\_\_\_\_\_  
Relationship of Patient Representative to Patient