

**HIPAA PRIVACY  
AUTHORIZATION FOR USE AND DISCLOSURE OF  
PERSONAL HEALTH INFORMATION**

**BLUE SAGE ACUPUNCTURE & HERBS LLC**

This authorization is prepared pursuant to the requirements of the Health Insurance Portability and Accountability Act of 1996, 42 U.S.C. Section 1320d, et. seq., and regulations promulgated thereunder, as amended from time to time (collectively referred to as "HIPAA").

This authorization affects your rights in the privacy of your personal healthcare information. **Please read this document carefully before signing it.**

Blue Sage Acupuncture & Herbs LLC will not condition treatment or payment on your providing authorization for the requested use or disclosure.

**Please check one of the options below:**

I would like the following individuals to receive my medical information and I hereby authorize them to receive it and authorize Blue Sage Acupuncture & Herbs to release it to them.

I authorize the following individual(s) to receive my medical information:

\_\_\_\_\_ Relationship to patient  
Full Name

\_\_\_\_\_ Relationship to patient  
Full Name

Please specify the type of information that Blue Sage Acupuncture & Herbs may disclose to the above-mentioned individuals: \_\_\_\_\_.

I would **not** like to authorize any other individuals to receive my medical information at this time beyond those already allowed or required by law as described in the Privacy Policy.

**ACKNOWLEDGEMENT OF RECEIPT OF THE HIPPA PRIVACY POLICY**

By signing this authorization you acknowledge that you have been provided a copy of and have read and understand Blue Sage Acupuncture & Herbs' HIPAA Privacy Notice, which contains a complete description of your rights, and the permitted uses and disclosures, under HIPAA. While Blue Sage Acupuncture & Herbs has reserved the right to change the terms of its Privacy Notice, copies of the Privacy Notice as amended are available from Blue Sage Acupuncture & Herbs at 2232 N. 7th Street, Suite B, Grand Junction, CO 81501.

In accordance with your rights under HIPPA, and subject to certain restrictions imposed by HIPAA, you may inspect or copy your Personal Health Information in your personal health records maintained by Blue Sage Acupuncture & Herbs for as long as records are maintained.

You have the right to revoke this authorization, in writing, at any time, except to the extent that Blue Sage Acupuncture & Herbs has taken action in reliance on it. A revocation is effective upon receipt by Blue Sage Acupuncture & Herbs of a written request to revoke and a copy of the executed authorization form to be revoked at the address listed above.

This authorization shall expire upon the earlier occurrence of: (a) revocation of the authorization, (b) a finding by the Secretary of the U.S. Department of Health and Human Services, Office of Civil Rights, that this authorization is not in compliance with requirements of HIPAA, (c) complete satisfaction of the purposes for which this authorization was originally obtained, to be determined in the reasonable discretion of Blue Sage Acupuncture & Herbs, or (d) six years from the date this authorization was executed.

By signing this authorization you acknowledge and agree that any information used or disclosed pursuant to this authorization could be at risk for redisclosure by the recipient.

Acknowledged and agreed to by:

PATIENT:

By \_\_\_\_\_

Printed Name \_\_\_\_\_

\_\_\_\_\_ Date

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

or, ON BEHALF OF PATIENT

By \_\_\_\_\_

Printed Name \_\_\_\_\_

\_\_\_\_\_ Date

As \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_