## HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT STATEMENT

This release authority applies Act of 1996 ("HIPAA"), Titl 160-164.	•	•		•
I,	sional, dentist, health plurance company and the ded treatment or service as and release without re ords regarding any past, ng to the diagnosis and	an, hospital, clinic, le Medical Informations to me or that has particition, all of my in present or future metreatment of HIV/Al	aboratory, phar on Bureau Inc. o aid for or is seel ndividually ider edical or mental	macy or other covered r other health care king payment from me for atifiable health health condition, to
1	3		5	
2	4		6	
medical records may be released of Attorney, Attorney-in-Facunder any Trust which I have the person so nominated may Trustee. I intend for my agent disclosure of my individually. The authority given herein shaproviders to restrict access to given herein to has no expirate deliver it to my health care providers.	et under my Durable Ger e established for my ber y have requested, even i at to be treated as I would y identifiable health info mall supersede any prior o or disclosure of my induttion date and shall expi	neral Financial Power nefit to include any we f that person has not ld be with respect to ormation or other me arrangement that I re dividually identifiable	er of Attorney, or ritten opinion a yet been appoir my rights regardical records.  nay have made a health information	or Successor Trustee about my incapacity that nted as my agent or ding the use and with my health care ation. The authority
Patient Signature	ure Date of Signature			
STATE OF ARIZONA	)			
County of Maricopa	)			
_	ence to be the person w	patient name), perso	nally known to	me or proved to me on
Commission Expiration Date		Notary Public		
		Tiomy I dolle		