Authorization for Release of Information for Purposes Requested by Health Sphere Wellness Center, LLC from Another Covered Entity

I, _____, hereby authorize
_____
(Name of covered entity disclosing information)
To disclose the following protected health information to Health Sphere Wellness Center:
_____
_____
(Specifically describe the information to be disclosed, including, but not limited to, meaningful descriptors such as date of service, type of service provided, level of detail to be released, origin of information, etc.)

This protected health information is being used or disclosed to carry out treatment, payment and/or health care operations of Health Sphere Wellness Center.

_____
_____
(Describe how protected health information will be used to carry out treatment, payment and/or health care operation purposes.)

This authorization shall be in force and effective until _____ (date) or
_____
(Event that relates to the patient or the purpose of the use or disclosure)
At which time this authorization to use or disclose this protected health information expires.

I understand that I have the right to revoke this authorization, in writing, at any time by sending such written notification to Health Sphere Wellness Center at PO Box 3148, Brentwood, TN 37024. I understand that a revocation is not effective to the extent that Health Sphere Wellness Center has relied on the use or disclosure of the protected health information.

I understand that information used or disclosed pursuant to this authorization may be subject to redisclosure by the recipient and may no longer be protected by federal or state law.

Health Sphere Wellness Center will not condition my treatment, payment, enrollment (if applicable) in a health plan or eligibility for benefits on whether I provide authorization for the requested use or disclosure.

I understand that I have the right to refuse to sign this authorization.

_____
Signature of patient or personal representative

_____
Date

_____
Name of patient or personal representative & description of personal representative's authority