

MNH Surgical Center

PF-3000 Standard Authorization of Use and Disclosure of Protected Health Information

Information to Be Used or Disclosed

The information covered by this authorization includes:

- Demographic Information .
- Insurance Information

Purposes of Disclosure

Information listed above will be disclosed for the following purposes:

- To our billing clearing house - for billing Insurance companies for services done at MNH Surgical center .
- To the pathology lab , when tissue samples are sent out for examination , for lab's billing & report purposes .

Persons Authorized to Use or Disclose Information

Information listed above will be used or disclosed by:

MNH Surgical Center - Billing & Coding Staff .

Persons to Whom Information May Be Disclosed

Information described above may be disclosed to:

McKesson / Millbrook Insurance Billing Clearing House.

Insurance Company that the patient Is subscribed to .

Expiration Date of Authorization

This authorization is effective for 1 year from date of signature, unless revoked or terminated earlier by the patient or the patient's personal representative.

Right to Terminate or Revoke Authorization

You may revoke or terminate this authorization by submitting a written revocation to the administrator .

Potential for Re-disclosure

Information that is disclosed under this authorization may be disclosed again by the person or organization to which it is sent. It may not be possible to ensure your right to the protection of the privacy of this information once the center discloses it to another party.

Rights of the Individual

- To review that Information on record , for accuracy .
- To provide corrections to the Information on record .

Effect of Refusing Authorization

If you refuse to sign this authorization, MNH Surgical Center will not deny you any treatment . But you have to make other arrangements for payments , as alternative to billing your Insurance .

Signature

Name of Patient (Print or Type)

Signature of Patient

Date

Signature of Patient Representative

Relationship