Precision
Spine & Sports
Rehabilitation

P.O. Box 906
Higley, AZ 85236
Phone: (480) 923-6655
Secure fax: (480) 923-6777
www.johncjonesmd.com

Authorization to Disclose Protected Health Information

I authorize Precision Spine & Sports Rehabilitation, LLC, an Arizona medical clinic (the "Practice"), to disclose to

_____ (the "Recipient"), my medical and billing records, including all records maintained by the Practice relating to my health, health care, or payment for health care, whether created before or after the date I sign this Authorization (the "Records"). The purpose of this disclosure is at my request.

This Authorization is effective on the date signed and expires when the Practice permanently ceases to maintain any Records concerning me that are subject to this Authorization, unless I revoke it earlier in writing.

I understand that I may revoke this Authorization in writing at any time by sending written notice to the Practice at P.O. Box 906, Higley, AZ 85236. Revocation is effective when received by the Practice and does not apply to disclosures already made in reliance on this Authorization.

I understand that the Practice may not condition treatment, payment, enrollment, or eligibility for benefits on whether I sign this Authorization, except as permitted by law.

I understand that information disclosed under this Authorization may be redisclosed by the Recipient and may no longer be protected by HIPAA. HIV-related and other communicable disease-related information remains subject to applicable Arizona confidentiality requirements.

I specifically authorize disclosure of mental and behavioral health information, confidential HIV-related and other communicable disease-related information, and substance use disorder records protected by 42 C.F.R. Part 2, if any, except records or disclosures for which applicable law requires a separate authorization or consent.

Disclosure is also authorized to any agent or records retrieval service acting on behalf of the Recipient.

A copy of this Authorization is as valid as the original.

_____
Signature

_____
Printed Name

_____
Date

If signed by a personal representative, state their authority. Not valid for general legal counsel.

_____
(e.g., parent, legal guardian, health care proxy, power of attorney, etc.)