AUTHORIZATION AND WAIVER FOR THE INSPECTION AND DISCLOSURE OF INFORMATION RELATING TO MY PHYSICAL OR MENTAL HEALTH

A. I, ___________________________, do hereby authorize the persons named below in Paragraphs B and C, individually and severally, to have the power and authority to do all of the following:

(1) Request, review, and receive, to the extent I could do so individually, any information, verbal or written, regarding my physical or mental health, including, but not limited to, my individually identifiable health information or other medical records. This release authority applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 U.S.C. 1320d and 45 CFR 160-164. I hereby authorize any physician, health care professional, dentist, health plan, hospital, clinic, laboratory, pharmacy, or other covered health care provider, any insurance company, and the Medical Information Bureau, Inc., or other health care clearinghouse that has provided treatment or services to me, or that has paid for or is seeking payment from me for such services (hereinafter the "covered provider/entity"), to give, disclose, and release to the persons named herein, without restriction, all of my individually identifiable health information and medical records regarding any past, present, or future medical or mental health condition.

This authority shall supersede any other agreement which I may have made with any covered provider/entity to restrict access to or disclosure of my individually identifiable health information. This authority shall be effective immediately and shall expire two (2) years following my death unless I revoke the authority in writing and deliver such revocation to a covered provider/entity;

(2) Execute on my behalf any releases or other documents that may be required in order to obtain this information;

(3) Consent to the disclosure of this information;

(4) Bring legal action to enforce this Authorization if it is not honored.

B. The specifically named persons who shall have the powers hereinabove described in Paragraph A are:

____
_____________________________, ______________, ______,___________(Address)
_____________________________(Phone)

____
____________________________, _____________, ______,___________(Address)
____________________________(Phone)

Or,

____
____________________________, _____________, ______,___________(Address)
____________________________(Phone)

C. In addition to the persons who are specifically named in Paragraph B, the following described persons shall also have the powers hereinabove described in Paragraph A:

Any Trustee or Successor/Alternate Trustee of any inter-vivos trust created by me wherein I am a Trustee and/or a beneficiary.

Any agent (or "attorney-in-fact") in any General Power of Attorney created by me as the "Principal".

D. I understand the information used, disclosed, or released pursuant to this Authorization may be subject to re-disclosure by the authorized recipients whose names or positions are contained herein. No covered provider/entity shall require such authorized recipients to indemnify the covered provider/entity or agree to perform any act in order for the covered provider/entity to comply with this Authorization.

E. A copy or facsimile of this Authorization shall be accepted as though it were the original.

F. I hereby release any covered provider/entity that relies on this Authorization from any liability that may accrue from the use, release, or disclosure of my private information.

This Authorization and Waiver is executed by me on _________________, 20___, in
_________________County, _______________.

____
Signature

____
Print Name

STATE OF ___________________)
) ss.
COUNTY OF _____________________)

On this ____ day of _________________, 20____, before me, the undersigned, a Notary Public, personally appeared _________________________, known or identified to me (or proved to me on the oath of ____________________________) to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.

____
NOTARY PUBLIC
My commission expires: __________________