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ALLERGY & ASTHMA ASSOCIATES, INC. *513-793-6861*
10597 Montgomery Rd., Suite 200, Cincinnati, OH 45242
7144 Office Park Dr., West Chester, OH 45069

STANDARD AUTHORIZATION OF USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

Information to be Used or Disclosed:

Any chart information regarding allergies and/or asthma.

Persons Authorized to Use or Disclose information:

Persons to Whom Information May Be Disclosed:

ALLERGY & ASTHMA ASSOCIATES, INC.
10597 MONTGOMERY ROAD, SUITE 200
CINCINNATI, OH 45242
FAX: 513-985-2743

Expiration Date of Authorization:
This authorization is effective through _____ unless revoked or terminated 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 Allergy & Asthma Associates, Inc. Attn: Compliance Officer.

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. The privacy of this information may not be protected under the federal privacy regulations.

Signature

Name of Patient (print or type)

Signature of Patient

Signature of Patient Representative

Relationship of Patient Representative to Patient