The Smart Mother's Guide®

WITH LINDA BURKE, MD
PREGNANCY EXPERT

HIPAA Authorization Form

Health Insurance Portability and Accountability Act

I, _____, hereby authorize the use or disclosure of my protected health information as described below:

1. **AUTHORIZED PERSONS TO USE AND DISCLOSE PROTECTED HEALTH INFORMATION**
   _____ is authorized to disclose the following protected health information to my OB GYN Consultant, Linda Burke, MD, MS, FACOG at The Smart Mother's Guide of Oviedo, FL 32708.

2. **DESCRIPTION OF INFORMATION TO BE DISCLOSED**
   The health information that may be disclosed is:
   - Medical records
   - All treatment records
   - Other: Lab results , imaging reports, consultation reports

   All past, present, and future periods of health care information may be shared.

3. **PURPOSE OF THE USE OR DISCLOSURE**
   The purpose of this use or disclosure is Second opinion evaluation and ObGyn risk assessment.

4. **VALIDITY OF AUTHORIZATION FORM**
   This Authorization Form is valid beginning on _____ and expires on _____

5. **ACKNOWLEDGMENT**
   I understand that the information used or disclosed under this Authorization Form may be subject to re-disclosure by the person(s) or facility receiving it and would then no longer be protected by federal privacy regulations.

   I have the right to refuse to sign this Authorization Form. If signed, I have the right to revoke this authorization, in writing, at any time. I understand that any action already taken in reliance on this authorization cannot be reversed, and my revocation will not affect those actions.

By _____ Date _____