

**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:

**Greene Rehab- Medical Records**

**Billing Information**

**Specifics-evaluations, notes, discharge, etc.**

**Persons Authorized to Use or Disclose Information**

Information listed above will be used or disclosed by:

**Greene Rehab Services- Personnel**

(Name of person/organization)

**Persons to Whom Information May Be Disclosed**

Information described above may be disclosed to:

**Spouse or Family member:** \_\_\_\_\_

**Referring Dr:** \_\_\_\_\_

**Primary Dr:** \_\_\_\_\_

**Expiration Date of Authorization**

This authorization is effective through \_\_\_/\_\_\_/\_\_\_ unless revoked or terminated by the patient or patient's personal representative.

**Right to Terminate or Revoke Authorization**

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

**Greene Rehab Services** You should contact:

**Chris Greene, Administrator to terminate this authorization.**

**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** **Date**

\_\_\_\_\_  
Signature of Patient Representative

\_\_\_\_\_  
Relationship of Patient Representative to Patient