

**MedHelp, PC**  
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Birmingham, Alabama 35209  
(205) 930-2950

**MedHelp 280 LLC**  
4600 Highway 280 South  
Birmingham, Alabama 35242  
(205) 408-1231



## Receipt for HIPAA Privacy Notice and Authorization to Obtain or Release Information (MR119)

\_\_\_\_\_  
(Name) (Birth Date)

\_\_\_\_\_  
(Social Security Number) (Date)

By providing this authorization I understand that the authorization is **voluntary** and is being done at the request of the patient. I understand that I may refuse to sign this authorization and my treatment and/or payment obligations will not be affected. I understand that the health information to be obtained or released may be subject to re-disclosure by the recipient of the health information and no longer protected by the federal Privacy Rules. I understand that I may revoke this authorization at any time by notifying MedHelp in writing, but if I do, it will not have any effect on uses or disclosures prior to the receipt of the revocation. I understand that this authorization is for six (6) years until specified otherwise.

I hereby authorize MedHelp to use, disclose health information as follows:

Release to: \_\_\_\_\_ Relation to patient: \_\_\_\_\_  
(Name)

Address : \_\_\_\_\_ Phone Number + AC: \_\_\_\_\_

Release to: \_\_\_\_\_ Relation to patient: \_\_\_\_\_  
(Name)

Address : \_\_\_\_\_ Phone Number + AC: \_\_\_\_\_

**PLEASE NOTE THAT CHECKING ANY BOX BELOW MAY RESULT IN THE STAFF OF MEDHELP LEAVING YOUR PROTECTED HEALTH INFORMATION ON AN ANSWERING MACHINE AT THE NUMBER REQUESTED BY YOU.**

Yes No

The physicians and staff of MedHelp **may confirm appointments to my answering machine** at the number provided on my Patient Information Sheet.

The physicians and staff of MedHelp **may leave lab results or results of other diagnostic studies (e.g., MRI, CT, bone scan, etc.) on my answering machine.**

The physicians and staff **may release information to my pharmacy without prior authorization in order to allow call-in of a prescription.**

Special Instructions: \_\_\_\_\_

My signature below is acknowledgement that I have received a copy of the MedHelp Privacy Notice (MR100) and that I agree to the conditions stated in the notice:

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MR 119**