Document ID: 4a533b3c056c108173f16c508a78a00f4a08459d

Generated on: June 30, 2020

Signed On: https://www.rosenbauminjuryfirm.com/

HIPAA - Jeanette Keller

HIPAA COMPLIANT AUTHORIZATION FORM

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize the use of disclosure of my individually identifiable health information as described below.

I understand that this authorization is voluntary and is valid beginning with the date signed below and remains valid for one (1) year.

I understand that if the organization authorized to receive the information is not a health plan or healthcare provider, the released information may no longer be protected by Federal Privacy Reguilations.

I acknowledge that information disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer protected by federal law.

· · · · · · · · · · · · · · · · · · ·
I understand that my health record may include information pertaining to the treatment of drug and alcohol abuse, mental illness, acquire immunodeficiency syndrome (AIDS) or human immunodeficiency (HIV); sexually transmitted disease, tuberculosis or genetics. If you do not wish this information to be released, please initial DO NOT RELEASE
Patient Name:
Address: Social Security No.:
Persons/organizations providing the information:
Persons/organizations receiving the information:
ROSENBAUM & ASSOCIATES, P.C. 1818 MARKET STREET, SUITE 3200 PHILADELPHIA, PA 19103-3611
Specific description of information:
What is the purpose of the use or disclosure? Legal
The patient or the patient's representative must read and initial the following statements:
 I understand that this authorization will expire on (DD/MM/YYYY) Initials I understand that I may reveoke this authorization at any time by notifying the practice in writing, but if I do, it won't have any affect on any actions they took before they received the revocation.
Date:
Printed Name of patient's representative:

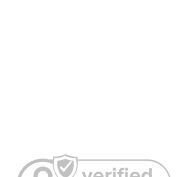


Relationship to the patient:

Document ID: 4a533b3c056c108173f16c508a78a00f4a08459d

Generated on: June 30, 2020

Signed On: https://www.rosenbauminjuryfirm.com/



by approve me

Signature Certificate

Document name: HIPAA - Jeanette Keller



☐ Unique Document ID: 4A533B3C056C108173F16C508A78A00F4A08459D

Timestamp	Audit
June 30, 2020 6:17 pm GMT	HIPAA - Jeanette Keller Uploaded by David Rosenbaum - test@rosenbaumfirm.com IP 162.221.24.2
June 30, 2020 6:18 pm GMT	Jeanette Keller - jkeller@rosenbaumfirm.com added by David Rosenbaum - test@rosenbaumfirm.com as a CC'd Recipient lp: 162.221.24.2



This audit trail report provides a detailed record of the online activity and events recorded for this contract.

Page 3 of 3