



PROCTOR PROFESSIONAL BUILDING #1 • 5401 N. KNOXVILLE AVE. • #104A • PEORIA, IL 61614 • P:309.692.0123 • F:309.692.0184

Authorization to Share Medical Information

Your Right to Medical Information Confidentiality under HIPAA

HIPAA (Health Insurance Portability and Accountability Act of 1996) states if you are 18 years or older, you have the right to strict confidentiality regarding your visits to The Knight Center for Integrated Health. In order to release any information including the date or nature of your visit, The Knight Center must have your signed consent and specific directions about what information you are consenting to be released. Without written consent, The Knight Center cannot release or discuss any information relating to your visit with anyone including your parents, guardians, spouse, faculty, staff, coach and other medical professionals. In addition, you have the right to revoke this authorization at any time. Revocation will be effective when The Knight Center receives written notice that this authorization has terminated. A copy of this document will be kept in your health record. The information disclosed under this authorization risks re-disclosure by a recipient and, as a result, no longer protected to the same extent as required by HIPAA while solely in the possession of The Knight Center for Integrated Health.

Patient's Name (Please Print) _____

Date of Birth: ____/____/____

In signing this authorization to release my protected health information I acknowledge that I have read and understand my rights to medical information confidentiality and authorize The Knight Center for Integrated Health to discuss health issues regarding:

With the following listed individuals only:

_____ Relationship

_____ Relationship

_____ **Date Authorization Expires**

Signature Date