



**MICHIGAN
CATHOLIC
CONFERENCE**

510 South Capitol Avenue
Lansing, Michigan 48933

MICHIGAN CATHOLIC CONFERENCE

AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

I. Information About the Use or Disclosure

I hereby authorize the use or disclosure of my protected health information to the Michigan Catholic Conference as described below. I understand that this authorization is voluntary and that I may refuse to sign this authorization.

Name: _____

Persons/organizations authorized to provide (use or disclose) the protected health information:

Specific description of information to be used or disclosed (including applicable date(s)): _____

Specific purpose of the disclosure: _____

This authorization will expire on: _____

II. Important Information About Your Rights

I have read and understood the following statements about my rights:

- I may revoke this authorization at any time prior to its expiration date by notifying the providing organization in writing at _____, but the revocation will not have any effect on any actions that the entity took before it received the revocation.
- I may see and copy the information described in this form if I ask for it.
- I understand that treatment, payment, enrollment, or eligibility for benefits may not be conditioned on signing this authorization except if the authorization is for (1) conducting research-related treatment; (2) to obtain information in connection with eligibility or enrollment in a health plan or for the health plan's underwriting or risk rating determinations (but not for the use or disclosure of psychotherapy notes); or (3) solely to create protected health information for disclosure to a third party.

- The information that is used or disclosed pursuant to this authorization may be redisclosed by the Michigan Catholic Conference. Redisclosed information may no longer be protected by the HIPAA privacy standards.

Printed Name

Signature

Date

(if signed by personal representative of the individual, describe your authority to act for the individual)