



**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 Michigan Catholic Conference as described below. I understand that this authorization is voluntary and that I may refuse to sign it.

Name: _____
First Middle Last

Person(s)/organization(s) authorized to provide (use or disclose) the protected health information:

Legal Name Legal Name

Address Address

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

Specific purpose of disclosure: _____

This authorization will expire on: _____
Date

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 the above address, and that the revocation will not have any effect on any actions the entity took before receiving the revocation.
- I may see and copy the information described in this form upon my request.
- I understand that treatment, payment, enrollment and eligibility for benefits may not be conditioned on signing this authorization except when the authorization is (1) for 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 Michigan Catholic Conference. Redisclosed information may no longer be protected by the HIPAA privacy standards.

Printed Name

*Signature **

Date

* If signed by the personal representative of the individual, describe your authority to act on their behalf:
