

Katy Medical & Wellness
Methodist West Houston, MOB 1
18400 Katy Freeway, Suite 590
Houston, Texas 77094
(281) 492-1900
www.mykatymedical.com



**AUTHORIZATION FOR USE AND DISCLOSURE OF
PROTECTED HEALTH INFORMATION**

Patient's Name: _____

Patient's Phone Number: _____

I hereby authorize Katy Medical & Wellness, assigns and heirs to use and disclose my individually identifiable Protected Health Information (PHI) in the manner described below. I understand that my PHI may be re-disclosed by the person or entity receiving my PHI from Katy Medical & Wellness assigns and heirs, and that it then may no longer be protected by federal privacy regulation. I voluntarily sign this authorization, and I understand that my health care will not be affected if I do not sign this form.

This authorization covers the following PHI:

Category of PHI

Medical Records	Claims/Billing information	Mental Health Records
Drug / Alcohol Abuse	HIV & Hepatitis Test Results	Genetic Test Results

Amount of PHI Authorized (please check and answer option 1 or 2):

1. Entire PHI (all categories noted above unless otherwise specified by patient below) _____
2. Please limit use and disclosure of my PHI to: _____

The recipient (s) of my PHI is: Katy Medical & Wellness, assigns and heirs.

I authorize my PHI to be used and disclosed at my request for all medical purposes.

This authorization will expire at the patient's verbal or written request.

I understand that I have the right to receive a copy of this authorization. I also understand that I may revoke or modify this authorization at any time by notifying Katy Medical & Wellness, assigns and heirs in writing. I understand that my revocation or modification of this authorization will not affect any action taken by Katy Medical & Wellness, assigns and heirs, in reliance of this authorization before Katy Medical & Wellness, assigns and heirs, receives my request for revocation or modification. I must sign my written request and send it to:

**Katy Medical & Wellness
Methodist West Houston MOB1
18400 Katy Freeway, Suite 590
Houston, Texas 77094
(281) 492-1900**

Signature: _____

Date: _____