635 Main Street

Streu's Pharmacy Bay Natural
Advancing Health • Elevating Care

Green Bay, WI 54301

HIPAA RELEASE OF INFORMATION AUTHORIZATION

Patient Name _____ Date of Birth_____

Address _____ City/Zip _____

NOTE TO PATIENT: No Conditions: This authorization is voluntary.
Effect: The protected health information described below may be disclosed to and/or received by persons or organizations who are not subject to federal health information privacy laws. Once it is released to such parties it is no longer protect by federal health information privacy laws.

1. **Check one (1) of the following:** Who can have access?

☐ Do NOT release information to anyone other than myself (patient).
☐ Please identify TO WHOM your information is being authorized for release:

1. Name _____ Address _____
   City/State/Zip _____ Phone _____
   Use/disclosure authorized: ☐ Billing Information ☐ Prescription Information (including insurance information)

2. Name _____ Address _____
   City/State/Zip _____ Phone _____
   use/disclosure is authorized: ☐ Billing Information ☐ Prescription Information (including insurance information)

2. **Check one (1) of the following:** Where is correspondence and billing mailed?

☐ Mail correspondence and billing statement to my address as listed above (patient)

☐ Indicate where correspondence and billing statements should be mailed:

Name _____ Address _____

City/State/Zip _____ Phone _____

Expiration and Revocation: This authorization will remain in effect until I choose to revoke it. Right to Revoke: I understand that I may revoke this authorization at any time by providing written notice of revocation to Streu's Pharmacy, 635 Main St. Green Bay, WI 54301. Revocation of this authorization will not affect any action taken in reliance on this authorization before we received written notice of revocation.

INFORMATION WILL NOT BE RELEASED WITHOUT THE APPROPRIATE CONSENT FORM SIGNED.

Patient Signature _____ **Date** _____ **Time** _____

POA Signature _____ **Date** _____ **Time** _____

NOTE: If POA is activated, please attach a copy of the POA notarized signature page.