



RELEASE OF PERSONAL HEALTH INFORMATION (PHI)

Asula Wellness Center

**THIS AUTHORIZATION SHALL REMAIN IN EFFECT AS STATED HERE
UNLESS CHANGED IN WRITING BY THE PROVIDER OR PATIENT.**

**PLEASE USE THIS FORM TO INDICATE WHO WE CAN SPEAK TO ABOUT YOUR CARE AND
FINANCIAL INFORMATION**

The HIPAA Privacy Rule at [45 CFR 164.510\(b\)](#) specifically permits Asula to share information that is directly relevant to the involvement of a spouse, family members, friends, or other persons identified by a patient, in the patient's care or payment for health care. If the patient is present, or is otherwise available prior to the disclosure, and has the capacity to make health care decisions, Asula may discuss this information with the family and these other persons if the patient agrees or, when given the opportunity, does not object. Asula may also share relevant information with the family and these other persons if it can reasonably infer, based on professional judgment that the patient does not object.

In addition, the Privacy Rule expressly permits Asula to use professional judgment and experience with common practice to make reasonable inferences about the patient's best interests in allowing another person to act on behalf of the patient to pick up a filled prescription, discuss financial information, medical supplies, X-rays, or other similar forms of protected health information.

Please Initial Below

_____ You may disclose any of my PHI to any person or entity identified here:

_____ Do not disclose any of my PHI to any person or entity identified here:

PRINT PATIENT NAME

WITNESS SIGNATURE

PATIENT OR LEGAL GUARDIAN SIGNATURE

DATE

DATE