

**Limited Authorization for Communication of Protected Health Information (PHI)**

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_

**Persons to whom your medical information may be disclosed**

Except for other physicians in connection with your ongoing care, insurance companies in connection with billing or claims, and state or federal healthcare agencies or law enforcement agencies (which are allowed by federal law), we cannot release ANY of your individually identifiable medical information to any person or organization (including family members) unless you list their name below.

**You agree that information described above may be disclosed to the following persons or organizations: (Please print legibly)**

1. \_\_\_\_\_ Relationship \_\_\_\_\_
2. \_\_\_\_\_ Relationship \_\_\_\_\_
3. \_\_\_\_\_ Relationship \_\_\_\_\_
4. \_\_\_\_\_ Relationship \_\_\_\_\_

**The purpose and type of information use or disclosure**

**(Cross out if permission not given, otherwise you are approving this information to be shared)**

- A. Reporting of laboratory or other medical test results
- B. General information (current medical condition, prognosis, medications, etc.)
- C. Financial details of your billing activity or charges

**Revocation:** You may revoke this authorization by sending a written letter to: Jack Sytsema, Creation's Own, Corp., 3800 W. Eau Gallie Blvd., Melbourne, FL 32934. The letter must identify the name and date shown on the original form. It must also include the date you wish to cancel. Your letter will not affect any actions taken before your letter is received.

**If patient is less than 18 years of age, or can't legally sign for himself/herself, the parent's or legal guardian's signature is required.**

\_\_\_\_\_  
Patient or Parent/Guardian Signature Date \_\_\_\_\_

\_\_\_\_\_  
Second Parent/Guardian Signature Date \_\_\_\_\_

This authorization will expire one (1) year from the date it was signed.

Please note, information given to others as allowed by this form, may not be protected by Federal privacy laws.

**Melbourne:**  
3800 W. Eau Gallie Blvd. Suite 105  
Melbourne, FL 32934  
321•259•7111 • Fax: 321•259•7222

**Satellite Office:**  
California Integrative Hyperbaric Center  
16251 Laguna Canyon Rd., Ste. 175  
Irvine, CA 92618