



Southwestern
Pennsylvania
Human
Services, Inc.

•www.sphs.org

Mon Valley Community
Health Services, Inc.
2 Eastgate Avenue
Suite 101
Monessen, PA 15062
724-684-8999
Fax: 724-684-7073

Primary Care

STANDARD AUTHORIZATION OF USE AND DISCLOSURE OF PRACTICE HEALTH INFORMATION

I, _____, hereby authorize
(Print Patients Name)

**Mon Valley Community Health Services, Inc., Primary Care
2 Eastgate Avenue Suite 101
Monessen, PA 15062-1388**

To disclose information from my health records(s) to:

(Name and Address of Person/Organization to whom information may be disclosed)

Date(s) of Treatment: _____

Information to be released which shall include all information about AIDS and/or
HIV Testing, Psychiatric Disorders, Drug Abuse, Alcohol Abuse:

- _____ Copy of Complete Health Record(s)
- _____ History and Physical
- _____ Discharge Summary
- _____ Operative Report
- _____ Immunization Records
- _____ Other

Expiration Date of Authorization

This authorization is effective through ___/___/___ unless revoked or terminated by the
patient or the patients personal representative.

Right to Terminate or Revoke Authorization

You may revoke or terminate this authorization by submitting a written revocation to Mon
Valley Community Health Services, Inc. You should contact the Privacy Officer to
terminate this authorization.

Potential for Re-disclosure

Information that is disclosed under this authorization may be disclosed again by the
person or organization to which it is sent. The privacy of this information may not be
protected under the federal privacy regulations.

Patients Printed Name: _____ Date: _____

Signature of Patient/Patient Representative: _____

Patients
Address: _____

Social Security Number: _____ Birthdate: _____