

PAUL J. SPINKA M.D.

Gastroenterology & Hepatology
1839 Sonoma Street
Redding, CA 96001
Phone (530) 244-0654 Fax (530) 244-0698

STANDARD AUTHORIZATION OF USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

Please return this form filled out to:
Mail to: 1839 Sonoma St. Redding, CA 96001
E-mail to: paulspinkamd@myupdox.com
Fax to: 530-244-0698
Records will be sent to you as a secure e-mail for you to download and print

Information to be Used or Disclosed

The information covered by this authorization includes:

Persons Authorized to Use or Disclose Information

Information listed above will be used or disclosed by:

Paul Spinka MD

Name of person or organization

Expiration Date of Authorization

This authorization is effective through 12/31/2023 unless revoked or terminated by the patient or the patient's personal representative.

Right to Terminate or Revoke Authorization

You may revoke or terminate this authorization by submitting a written revocation to Paul J. Spinka M.D. You should contact the office manager 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.

Signature

Name of Patient (Print or type)

Date of Birth

E-Mail address for records to be securely sent to or address if no e-mail available

Signature of Patient

Date

Signature of Patient Representative